

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 768648

1. Corporation Name

RIVER OAK COUNTRY DAY SCHOOL, INC.

Principal Place of Business
% JOY JEFFREYS CLARKE
7047 SENECA AVENUE
JACKSONVILLE FL 32210

Mailing Address

% JOY JEFFREYS CLARKE 7047 SENECA AVENUE JACKSONVILLE FL 32210

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90084 022 ****61.25

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<u> </u>	Place of Business Za. Mailing Address				05/26/1983			
21 Suite, Apt.	# etc	Suite, Apt. #, etc.			4. FEI Number	Ap	plied For	
22	<i>n</i> , σ.σ.	27			59-2318422	<u> </u>	t Applicable	
City & Stat						\$8.75	_ 	
23	28				5. Certificate of Status Desired	Fee Required		
Zip	Country	Zip	Country	6. Election Campaign Financing		\$5.00 May Be		
24	25 29 3				Trust Fund Contribution	Added t	o Fees	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent								
			81	Name				
CLARKE, JOY JEFFREYS				Street Ad	ddress (P.O. Box Number is Not Acceptable)			
7047 SENECA AVENUE								
JACKSON	JACKSONVILLE FL 32210							
			84	City		85 Zip (Code	
				•	<u>FL</u>	Щ.		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered								
l growt 1 am familiar with, and accept the obligations of Section 617 0503. Florida Statutes								
SIGNATURE Joy Jeffreys Clarke Treasurer 4-29.99								
	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE: R		t signature requ	uired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND			
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OTTICE AND	☐ Change	Addition	
TITLE	VD	□ UECE1E	1.1 TITLE			Change		
NAME	GRAVES, MARY PADGETT		1.2 NAME				j	
STREET ADDRESS	5726 CEDAR PARK LANE		1.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-S	-ZIP			☐ Addition	
TITLE	στ	☐ DELETE	2,1 TITLE	1		Change		
NAME	CLARKE, JOY JEFFREYS		2.2 NAME				{	
STREET ADDRESS	7047 SENECA AVENUE		2.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-S	T-ZIP			CT A 44'C	
TITLE	SD	☐ DELETE	3.1 TITLE	-		Change	Addition	
NAME	WILDMAN, KAYE PATTERSON		3.2 NAME	1				
STREET ADDRESS	1396 HAMILTON STREET		3.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		3.4. CITY-S	T-ZIP				
TITLE	PD 13 11 11	☐ DELETE	4.1 TITLE			☐ Change	Addition	
NAME	CLARKE, RUSSELL S.		4. 2 NAME]			}	
STREET ADDRESS	7047 SENECA AVENUE		4.3 STREET	ADDRESS				
CITY-ST-ZIP	JACKSONVILLE FL		4.4 CITY-S	-ZIP			F	
TITLE		☐ DELETE	5.1 TITLE	1		Change	Addition	
NAME	}		5.2 NAME				}	
STREET ADDRESS	Ì		5.3 STREET	1				
CITY-ST-ZIP			5.4 CITY-S	-ZIP		-	7.4450	
TITLE	İ	☐ DELETE	6.1 TITLE	1		Change	☐ Addition	
NAME	<u> </u>		6.2 NAME				ļ	
STREET ADDRESS			6.3 STREET	ì			ĺ	
CITY-ST-ZIP			6.4 CITY-S	-ZiP				

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR