

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000010466

FILED  
Jan 31, 2005  
Secretary of State

Entity Name: OAKS MIDDLE ACADEMY, INC.

## Current Principal Place of Business:

455 N WILSON AVE  
BARTOW, FL 33830

## New Principal Place of Business:

## Current Mailing Address:

455 N WILSON AVE  
BARTOW, FL 33830

## New Mailing Address:

FEI Number: 83-0377790

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HALLOCK, DAVID D JR  
ONE LAKE MORTON DR  
LAKELAND, FL 33801 US

## Name and Address of New Registered Agent:

BELFLOWER, ELSPETH  
455 N. WILSON AVE.  
BARTOW, FL 33830 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: ELSPETH BELFLOWER

01/31/2005

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: D ( ) Delete  
Name: ANDREWS, CATHERINE R  
Address: 4917 IRONWOOD TR  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: BELFLOWER, M. ELSPETH  
Address: P.O.BOX 1072  
City-St-Zip: BARTOW, FL 33831

Title: D ( ) Delete  
Name: SALGADO, TAMARA  
Address: 1070 LAKE PT DR  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: HOLCOMB, LINDA  
Address: 5228 NICHOLS DR E  
City-St-Zip: LAKELAND, FL 33813

Title: D ( ) Delete  
Name: ADELSTEIN, HEATHER  
Address: 5051 IRONWOOD TRAIL  
City-St-Zip: BARTOW, FL 33830

Title: D ( ) Delete  
Name: DOMINECK, JAMES JR.  
Address: 505 BARTOW RD  
City-St-Zip: LAKELAND, FL 33801

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition  
Name: COOPER, ERNIE  
Address: 3520 GARRARD ROAD  
City-St-Zip: FT. MEADE, FL 33841

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D (X) Change ( ) Addition  
Name: ADAMS, JEFF  
Address: 2195 BARTKER DR.  
City-St-Zip: BARTOW, FL 33830

Title: D (X) Change ( ) Addition  
Name: WILLIS, KAREN  
Address: 472 ARCHAIC DR.  
City-St-Zip: WINTER HAVEN, FL 33880

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELSPETH BELFLOWER

D

01/31/2005

Electronic Signature of Signing Officer or Director

Date