

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16209** (1)

1. Corporation Name

OAKLAND COMMUNITY DAYCARE CENTER, INC.



Principal Place of Business

Mailing Address

CORNER OF AVENUE & 8TH STREET
P.O. BOX 492
HAINES CITY FL 33845-0492

CORNER OF AVENUE & 8TH STREET
P.O. BOX 492
HAINES CITY FL 33845-0492

3. Date Incorporated or Qualified

06/05/1986

3a. Date of Last Report

06/04/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

59-2716868

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WEST, HORACE
1103 N 21ST STREET
HAINES CITY FL 33844

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **WEST, HORACE**
CITY - ST - ZIP **1103 N 21ST STREET**
HAINES CITY FL

TITLE ☒ DELETE
NAME **SD**
STREET ADDRESS **ATKINS, HELEN**
CITY - ST - ZIP **1207 N. 11THST.**
HAINES CITY FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **NIXON, GLORIA**
CITY - ST - ZIP **116 AVENUE B.**
HAINES CITY FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **ANDERSON, MARIE**
CITY - ST - ZIP **310 SOUTH 22ND STREET**
HAINES CITY FL

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **WILLIAMS, AUDREY**
CITY - ST - ZIP **P. O. BOX 1507 N/A**
HAINES CITY FL

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **WEST, MORRIS**
CITY - ST - ZIP **2218 NORTH NAVAL CIRCLE**
HAINES CITY FL

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D**

☒ Change ☐ Addition

1.2 NAME

WEST, HORACE

1.3 STREET ADDRESS

1103 N 21st Street

1.4 CITY - ST - ZIP

Haines City Fl

2.1 TITLE **P**

☐ Change ☒ Addition

2.2 NAME

HAMILTON, JOSEPH

2.3 STREET ADDRESS

P. O. Box 222 N/A

2.4 CITY - ST - ZIP

HAINES CITY, FL

3.1 TITLE **D**

☐ Change ☒ Addition

3.2 NAME

WEST, EUGENE

3.3 STREET ADDRESS

3601 Baker Avenue, Apt. 186

3.4 CITY - ST - ZIP

Haines City, FL

4.1 TITLE **D**

☐ Change ☒ Addition

4.2 NAME

SPILLMAN, DERRICK

4.3 STREET ADDRESS

3601 Baker Avenue, Apt. 79

4.4 CITY - ST - ZIP

Haines City, Fl

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

Joseph Hamilton
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-2-96

Date

Daytime Phone

(941) 422-6302

0018179

CR2E037 (3/96)