

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Aug 20 1997 8:00am  
Secretary of State

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>08/05/1986</b>	3a. Date of Last Report <b>08/08/1996</b>
4. FEI Number <b>59-2716868</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Sulte, Apt. #, etc.	26 Sulte, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, HORACE	1.2 NAME	STEWART, MERVIN
STREET ADDRESS	1103 N 21ST STREET	1.3 STREET ADDRESS	67 Deenaway
CITY-ST-ZIP	HAINES CITY FL	1.4 CITY-ST-ZIP	Winter Haven, Fl 33801
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WEST, HORACE	2.2 NAME	Alexander, Randy
STREET ADDRESS	1103 N 21ST STREET	2.3 STREET ADDRESS	413 North F Street
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	Haines City, Florida 33844
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, EUGENE	3.2 NAME	
STREET ADDRESS	3801 BAKER AVENUE APT 186	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SPILLMAN, DERRICK	4.2 NAME	
STREET ADDRESS	3801 BAKER AVENUE APT 79	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, JOSEPH	5.2 NAME	
STREET ADDRESS	P.O. BOX 222 N/A	5.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, MORRIS	6.2 NAME	
STREET ADDRESS	2218 NORTH NAVEL CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE *[Signature]* SIGNATURE REQUIRED 8/1/97

CR2E037 (4/97)