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FILED
Jul 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N16209** (1)

1. Corporation Name

OAKLAND COMMUNITY DAYCARE CENTER, INC.



Principal Place of Business CORNER OF AVENUE & 8TH STREET P.O. BOX 492 HAINES CITY FL 33845-0492	Mailing Address CORNER OF AVENUE & 8TH STREET P.O. BOX 492 HAINES CITY FL 33845-0492
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3. Date Incorporated or Qualified

08/05/1986

4. FEI Number

59-2716868

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ 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	D <input type="checkbox"/> DELETE
NAME	STEWART, MERVIN
STREET ADDRESS	67 DEENAWAY
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEST, HORACE
STREET ADDRESS	1103 N 21ST STREET
CITY-ST-ZIP	HAINES CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WEST, EUGENE
STREET ADDRESS	3601 BAKER AVENUE APT 186
CITY-ST-ZIP	HAINES CITY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SPILLMAN, DERRICK
STREET ADDRESS	3601 BAKER AVENUE APT 79
CITY-ST-ZIP	HAINES CITY FL
TITLE	P <input type="checkbox"/> DELETE
NAME	HAMILTON, JOSEPH
STREET ADDRESS	P.O. BOX 222 N/A
CITY-ST-ZIP	HAINES CITY FL
TITLE	T <input type="checkbox"/> DELETE
NAME	WEST, MORRIS
STREET ADDRESS	2218 NORTH NAVAL CIRCLE
CITY-ST-ZIP	HAINES CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Stewart, Mervin
1.3 STREET ADDRESS	67 DeenaWay
1.4 CITY-ST-ZIP	Winter Haven, Florida
2.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Randy Alexander
2.3 STREET ADDRESS	P. O. Box 11 N/A
2.4 CITY-ST-ZIP	Haines City, Florida
3.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Hamilton, Joseph
3.3 STREET ADDRESS	P. O. Box 222 N/A
3.4 CITY-ST-ZIP	Haines City, Florida
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-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 this 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 hereof, or on an attachment with an address.

SIGNATURE:

Mervin Stewart

6/11/98

CP2E037 (10/97)