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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N16209

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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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 SEP 27 PM 12:35



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt #, etc.		26 Suite, Apt #, etc.		08/05/1986	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-2716868	
24 Country		29 Country		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	
				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	P	1.1 TITLE	
NAME	STEWART, MERVIN	1.2 NAME	
STREET ADDRESS	67 DEENAWAY	1.3 STREET ADDRESS	600003006458--0
CITY-ST-ZIP	WINTER HAVEN FL	1.4 CITY-ST-ZIP	-10/05/99--01109--015
TITLE	D	2.1 TITLE	*****61.25 *****61.25
NAME	WEST, HORACE	2.2 NAME	
STREET ADDRESS	1103 N 21ST STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WEST, EUGENE	3.2 NAME	
STREET ADDRESS	3601 BAKER AVENUE APT 186	3.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	SPILLMAN, DERRICK	4.2 NAME	
STREET ADDRESS	3601 BAKER AVENUE APT 79	4.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	4.4 CITY-ST-ZIP	
TITLE	P	5.1 TITLE	
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	6.1 TITLE	
NAME	WEST, MORRIS	6.2 NAME	
STREET ADDRESS	2218 NORTH NAVAL CIRCLE	6.3 STREET ADDRESS	
CITY-ST-ZIP	HAINES CITY FL	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 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, unchanged, or in an attachment with an address, with all other like empowered.

SIGNATURE:

Mervin Stewart Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/17/99

(941) 421-3636

CR2E037 (11/98)