

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 06, 2005
Secretary of State**

DOCUMENT# N19176

Entity Name: OAKCREST EARLY EDUCATION CENTER, INC.

Current Principal Place of Business:

1606 NE 22 AVE
OCALA, FL 34470

New Principal Place of Business:

Current Mailing Address:

1606 N.E. 22 AVE.
OCALA, FL 34470

New Mailing Address:

FEI Number: 59-2720718 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

JONES, JO ANN
7620 N.E. JACKSONVILLE RD
OCALA, FL 34479 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: V () Delete
Name: JONES, MILTON F
Address: 7620 N.E. JACKSONVILLE RD
City-St-Zip: Ocala, FL 34479

Title: P () Delete
Name: JONES, JO ANN
Address: 7620 N.E. JACKSONVILLE RD
City-St-Zip: Ocala, FL 34479

Title: ST () Delete
Name: MULLINS, YVETTE
Address: 1275 N.E. 71 LANE
City-St-Zip: Ocala, FL 34479

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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: JO ANN JONES

P

01/06/2005

Electronic Signature of Signing Officer or Director

_____ Date