FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N24275 (2)

OAKLEIGH FOUNDATION, INC.

Principal Place	e of Business	Mailing Address			T TOBILIAN WAS TIANT CLOCK LIBIT (CORT WITH STATE BIRTH CLOCK BIRTH STATE FOR FOR STATE FOR FOR STATE FOR
C/O PAUL D. SCHUMACHER 81 OAKLEIGH DR. MAITLAND FL 32751		C/O PAUL D. SCHUMACHER 81 OAKLEIGH DR. MAITLAND FL 32751			3. Date Incorporated or Qualified 12/30/1987
					4. FEI Number Applied For Not Applied For
2. Principal Pl	ace of Business	2a. Mailing Address			CO 75 (4489)
21		26			5. Certificate of Status Desired 58./5 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be
2		27			Trust Fund Contribution Added to Fees
City & State		City & State			7. Is this nonprofit corporation a homeowners association?
Zip	Country	/28 Zip	Cour	ntry	This corporation owes or has paid the current year Intangible
24	25	29	30	•	Personal Property Tax due June 30. Yes No
	9. Name and Address of Current				10. Name and Address of New Registered Agent
				81 Name	ime
	ACHER, PAUL D.		82 Street Ad		reet Address (P.O. Box Number is Not Acceptable)
81 OAKLEIGH DRIVE					
MAITLAN	ID FL 32751		l'	83	
			Ţ	64 City	ty FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 617 0502	and 617.1508. Florida Statu	tes, the ab	ove-name	
office or re	egistered agent, or both, in the State o	Florida, Such change was	authorized	by the co	med corporation submits this statement for the purpose of changing its registere corporation's board of directors. I hereby accept the appointment as registered
SIGNATURE	m lanillar with, and accept the obligati	ons of, Section of 7.0000, 41	iona state	1103.	
	Signature, lyped or printed name of registered agent	and title if applicable (NOT	TE: Registered	Agent signatu	natura required when reinstating) DATE
12,	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE	1.1 1130		Change
NAME	SCHUMACHER, PAUL D.		1.2 NAM		
STREET ADDRESS	81 OAKLEIGH DR. Maitland Fl			REET ADDRESS	7
TITLE	D D	DELETE	2.1 TITL	Y-ST-ZIP Le	☐ Change ☐ Additio
NAME	SCHUMACHER, ELAINE F.		2.2 NAJ		
STREET ADDRESS	81 OAKLEIGH DR.		2.3 STR	EET ADDRESS	ESS
CITY-ST-ZIP	MAITLAND FL		2. 4 CIT	IY-ST-ZIP	2.77
TITLE	D	☐ DELETE	3.1 TITU	LE	Change Addition
NAME	SCHUMACHER, PAUL D.,JR.		3.2 NAN	NE	
STREET ADDRESS	81 OAKLEIGH DR.			reet address	
CITY-ST-ZIP	MAITLAND FL	DELETE		Y-ST-ZIP	Change Addition
TITLE NAME			4.1 TITL 4.2 NA		Change Audilio
STREET ADDRESS				ML REET ADDRESS	FSS
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	5.1 TITE		☐ Change ☐ Addition
NAME			5.2 NA	ME	
STREET ADDRESS			5.3 STR	EET ADDRESS	ESS
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		☐ DELETE	6.1 TITU		Change Addlic
NAME STORET ADDDESS			6.2 NAM		500
STREET ADDRESS				EET ADDRESS	ESS
Offy-ST-ZIP	ertify that the information supplied with	this filing does not qualify f		Y-ST-ZIP motion sta	stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information
Indianta d	an thin appulationart or puphlamontal a	annual report in true and par	aurata and	that my a	y signature shall have the same legal effect as if made under oath; that I am an rt as required by Chapter 617, Florida Statutes; and that my name appears in 4//24/98 407 6282217