


**2005 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jan 27, 2005 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # N30934</b> 1. Entity Name <b>THE OAK SCHOOL OF DELRAY BEACH, INC.</b>	
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Principal Place of Business <b>2515 N. SWINTON AVE DELRAY BEACH, FL 33444</b>	Mailing Address <b>2515 N. SWINTON AVE DELRAY BEACH, FL 33444</b>
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01182005 No Chg-NP CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0144766</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	

**6. Name and Address of Current Registered Agent**

**SCHLICHTING, NANCY R ESQ  
8643 S 45TH STREET  
LAKE WORTH, FL 33467**

**DO NOT WRITE  
IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent's signature required when reinstating)

DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**10. OFFICERS AND DIRECTORS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD SCHLICHTING, NANCY R 3261 HOYLAKES RD LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOUW, CATHERINE 1231 VISTA DEL MAR DR DELRAY BEACH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MOUW, ARMAND 1231 VISTA DEL MAR DR DELRAY BEACH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ROMFH, ELIZABETH R 8643 S 45TH ST LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ROMFH, JULES 8643 S 45TH ST LAKE WORTH, FL 33463
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

1100000200166  
01/28/05-80018-001 61.25

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #