

**2018 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 497959

**FILED**  
**Jan 04, 2018**  
**Secretary of State**  
**CC3657461051**

**Entity Name:** OAKHURST CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

13233 102ND AVE N  
LARGO, FL 33774

**Current Mailing Address:**

13233 102ND AVE N  
LARGO, FL 33774 US

**FEI Number:** 59-1656465

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

HALL, LISA ANN  
13233 102ND AVE N  
LARGO, FL 33774 US

*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

**Officer/Director Detail :**

Title PD  
Name HALL, LISA A  
Address 13765 OAK FOREST BLVD. S  
City-State-Zip: SEMINOLE FL 33776

Title ST  
Name HALL, RICHARD O  
Address 13765 OAK FOREST BLVD. S  
City-State-Zip: SEMINOLE FL 33776

Title DIRECTOR  
Name MANETOS, JASON P  
Address 2131 RIDGE ROAD  
D  
City-State-Zip: LARGO FL 33778

Title VP  
Name SNOW, KATHERINE L  
Address 2701 64TH WAY N.  
City-State-Zip: ST. PETERSBURG FL 33710

*I hereby 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** LISA A. HALL

**ADMINISTRATOR**

**01/04/2018**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date