2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

DOCUMENT # G86846

1. Entity Name

OAK ARBOR CHRISTIAN SCHOOL & CHILD CARE, INC.						08-27-2004 90006	036 ***550.0	10
Principal Place of Business 1902 LONGWOOD-LAKE MARY ROAD LONGWOOD FL 32750		Mailing Address 1902 LONGWOOD-LAKE MARY ROAD LONGWOOD FL 32750					540705	15
2. Principal P	ace of Business	3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.				MOORE CR2E034 (4/04)		
City & State		City & State			4. FEI Numb	59-2391867		oplied For
Zip	Country	Zip	Zip Coun		S. Certificate of Status Desired		litional	
	6. Name and Address of Current Registered Agent			1	7. Name and Address of New Registered Agent		· · · · · · · · · · · · · · · · · · ·	
V. rumo and Address of Carrott (1935)					7. Ivaliic all	a Address of New Hegiste	rea Agein	
PANGLE, MELINDA 109 MOUND ST.			Street Address (P.O. Box Number is Not Acceptable)					
LONGWOOD FL 32750						 		
			City	FL Zip Code				
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 Jenni Heiselman 7-28-9								
Suffature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE DESCRIPTION OF THE PROPERTY								
FILE NOW!!! FEE IS \$550.00 DUE BY September 8, 2004 Make Check Payable to Florida Department of State did not receive prior notice.					poration certifies it	9. Election Campaign Fin Trust Fund Contribution		00 May Be ed to Fees
10.	OFFICERS AND	-4.7532E	11.			L S/CHANGES TO OFFICERS	AND DIRECTOR	S IN 11
TITLE	PST Delete TIT		r-	ADDITION	STOTIANALO TO GITTOLINO	☐ Change	Addition	
NAME	PANGLE, MELINDA S	NAI		i				
STREET ADDRESS	109 MOUND ST.			EET ADDRESS				
CITY-ST-ZIP	ONGWOOD FL cm		r-ST-ZIP		······································			
TITLE ~			.E — · · - —			Change	[Addition	
NAME STREET ADDRESS	NOYES-COTTAM, TONY 2916 E. CRYSTAL LAKE AVE	_		ME EET ADDRESS				
CITY-ST-ZIP	ORLANDO FL 32806			r-ST-ZiP				•
TITLE	S	☑ Delete	TITL	E c	,, · Ć	\	Change	Addition
NAME	MAZLARZ, KATHLEEN	—	NAM	AE .	Jenni He	gelman Beline Run	<i>)</i> — ·	
STREET ADDRESS	203 FLAMINGO DRIVE			EET ADDRESS	537 Ru	beline Kun	~ ~	
CITY-ST-ZIP	SANFORD FL 32771			×	-onquico	DF132	`	
TITLE		☐ Delete	TITL		<i>ت</i>		☐ Change	Addition
NAME STREET ADDRESS			NAN ete	NE EET ADDRESS				
CITY-ST-ZIP		a.		Y-ST-ZIP				
TITLE		☐ Delete	TITL				Change	Addition
NAME		<u> </u>	NAN					
STREET ADDRESS				EET ADDRESS				
CITY-ST-ZIP			CIT	Y-ST-ZIP				

12. 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 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 607, 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.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Delete

ate Daytime Phon

☐ Change

Addition

FILED Aug 27, 2004 8:00 am Secretary of State