| LONGWOOD, | FL 32750 | | | |
|---|---|--------------------------|---|------------------------|
| Current Mai | ling Address: | | | |
| | WOOD-LAKE MARY ROAD D, FL 32750 | | | |
| FEI Number: 59-2391867 | | | Certificate of Status Desired: Yes | |
| Name and A | Address of Current Registered Agent: | | | |
| HAMMAN, MEL | GTON LANE | | | |
| GRAND ISLAN | D, TE 32733 00 | | | |
| GRAND ISLAN | d entity submits this statement for the purpose of changing its re | gistered office or regis | tered agent, or both, in the State of | Florida. |
| GRAND ISLAN | | gistered office or regis | tered agent, or both, in the State of | Florida. 04/22/2015 |
| GRAND ISLAN | d entity submits this statement for the purpose of changing its re | gistered office or regis | tered agent, or both, in the State of | |
| GRAND ISLAN | d entity submits this statement for the purpose of changing its reg E: MELINDA HAMMAN Electronic Signature of Registered Agent | gistered office or regis | tered agent, or both, in the State of | 04/22/2015 |
| GRAND ISLAN The above name SIGNATURE | d entity submits this statement for the purpose of changing its reg E: MELINDA HAMMAN Electronic Signature of Registered Agent | gistered office or regis | tered agent, or both, in the State of | 04/22/2015 |
| GRAND ISLAN The above name SIGNATURE Officer/Dire | d entity submits this statement for the purpose of changing its reg E: MELINDA HAMMAN Electronic Signature of Registered Agent ctor Detail : | | | 04/22/2015 |
| GRAND ISLAN The above name SIGNATURE Officer/Dire Title | d entity submits this statement for the purpose of changing its reg E: MELINDA HAMMAN Electronic Signature of Registered Agent ctor Detail : P&TR | Title | VP&S | 04/22/2015 |
| GRAND ISLAN The above name SIGNATURE Officer/Dire Title Name | d entity submits this statement for the purpose of changing its reg E: MELINDA HAMMAN Electronic Signature of Registered Agent Ctor Detail : P&TR HAMMAN, MELINDA S. 1902 LONGWOOD-LAKE MARY ROAD | Title Name | VP&S HEISELMAN, JENNI 537 RIDGELINE RUN | 04/22/2015 |

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: MELINDA HAMMAN

PRESIDENT

04/22/2015

2015 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# G86846

Entity Name: OAK ARBOR CHRISTIAN SCHOOL & CHILD CARE, INC.

Current Principal Place of Business:

1902 LONGWOOD-LAKE MARY ROAD LONGWOOD, FL 32750 FILED Apr 22, 2015 Secretary of State CC4317767505

Electronic Signature of Signing Officer/Director Detail

Date