

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N19176 (9)**

1. Corporation Name  
**OAKCREST DAY CARE CENTER, INC.**



Principal Place of Business: **%JO ANN JONES, 2514 NE 12TH COURT, Ocala FL 34470**  
Mailing Address: **1606 N.E. 22 AVE., Ocala FL 34470**

3. Date Incorporated or Qualified: **02/11/1987**  
3a. Date of Last Report: **08/22/1995**  
4. FEI Number: **59-2720718**  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
Suite, Apt. #, etc.: **22**  
City & State: **27**  
City & State: **28**  
Zip: **24** Country: **25** Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent  
**JONES, JO ANN  
2514 NE 12TH COURT  
OCALA FL 34470**

10. Name and Address of New Registered Agent  
**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**1606 NE 22 Ave**  
**83**  
**84 City** **Ocala** **FL** **85 Zip Code** **34470**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JONES, MILTON F.</b>
STREET ADDRESS	<b>8620 SE 156TH ST.</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>JONES, JO ANN</b>
STREET ADDRESS	<b>8620 SE 156TH ST.</b>
CITY-ST-ZIP	<b>SUMMERFIELD FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>HAYNES, MARIE L.</b>
STREET ADDRESS	<b>RT. 2, BOX 392A</b>
CITY-ST-ZIP	<b>OKLAWAHA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>900001746759</b>
6.3 STREET ADDRESS	<b>-03/18/96--01048--001</b>
6.4 CITY-ST-ZIP	<b>***70.00</b>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Jo Ann Jones* 1/17/96 904-622-8488

CR2E037 (12/95)