

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000002326

**Entity Name:** THE OAKS CLASSICAL CHRISTIAN ACADEMY,  
INCORPORATED

**FILED**  
**Feb 27, 2024**  
**Secretary of State**  
**0088568336CC**

**Current Principal Place of Business:**

2101 SW RACQUET CLUB DR  
PALM CITY, FL 34990

**Current Mailing Address:**

2101 SW RACQUET CLUB DR  
PALM CITY, FL 34990 US

**FEI Number: 86-2346634**

**Certificate of Status Desired: Yes**

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

CREWS, KATHRYN L  
2101 SW RACQUET CLUB DR  
PALM CITY, FL 34990 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            PRESIDENT  
Name            CREWS, KATHRYN  
Address        2101 SW RACQUET CLUB DR  
City-State-Zip: PALM CITY FL 34990

Title            VP  
Name            O'MEILIA, NORALEA  
Address        300 SE ORIOLE AVE.  
City-State-Zip: STUART FL 34996

Title            SECRETARY  
Name            CREWS, NATHAN  
Address        2101 SW RACQUET CLUB DR  
City-State-Zip: PALM CITY FL 34990

Title            TREASURER  
Name            O'MEILIA, RYAN  
Address        300 SE ORIOLE AVE.  
City-State-Zip: STUART FL 34996

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

**SIGNATURE: CREWS, KATHRYN**

**OWNER, PRESIDENT**

**02/27/2024**

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

\_\_\_\_\_  
Date