

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 27 PM 4: 00

DOCUMENT # 720317 (7)

1. Corporation Name

OAK GROVE VILLAGE PARK, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

SOUTH SHADY ST  
TRENTON FL 32693

RT. 3 BOX 235  
TRENTON FL 32693  
US

3. Date Incorporated or Qualified

02/23/1971

3a. Date of Last Report

01/25/1994

4. FEI Number

59-2470524

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

Suite, Apt. #, etc.

Suite, Apt. #, etc.

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

City & State

City & State

7. Nonprofit with IRS 501(c)(3)  
Tax Exempt Status

\$68.75 Supplemental  
Fee Not Required

Zip

Country

Zip

Country

24

25

29

30

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THOMAS, MARGARET L  
SOUTH SHADY ST.  
RT. 3 BOX 235  
TRENTON FL 32693

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	MORGAN, RICHARD
STREET ADDRESS	OAK GROVE VILL. RT. 3
CITY-ST-ZIP	TRENTON FL
TITLE	D
NAME	PALMER, BETTY
STREET ADDRESS	OAK GROVE VILL, RT 3
CITY-ST-ZIP	TRENTON FL
TITLE	D
NAME	WHITE, HAROLD
STREET ADDRESS	OAK GROVE VILL RT 3
CITY-ST-ZIP	TRENTON FL
TITLE	V
NAME	CONNOR, EDWARD
STREET ADDRESS	OAK GROVE VILL RT. 3
CITY-ST-ZIP	TRENTON FL
TITLE	P
NAME	CRAWFORD, BERNARD
STREET ADDRESS	OAK GROVE VILL, RT. 3
CITY-ST-ZIP	TRENTON FL
TITLE	ST
NAME	THOMAS, MARGARET L
STREET ADDRESS	RT. 3 BOX 235
CITY-ST-ZIP	TRENTON FL

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	D
1.3 STREET ADDRESS	Edwards, Ralph
1.4 CITY-ST-ZIP	OAK GROVE VILL. RT 3 TRENTON, FL
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	P
5.3 STREET ADDRESS	Thomas, Lee
5.4 CITY-ST-ZIP	OAK GROVE VILL, RT 3 TRENTON FL
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 110.07(3)(h), 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Margaret L. Thomas*

SIGNATURE AND TITLE ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARGARET L. THOMAS

1/14/95

Date

904-493-0971

Telephone