

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 # 720317 (7)
1. Corporation Name
OAK GROVE VILLAGE PARK, INC.



Principal Place of Business: SOUTH SHADY ST TRENTON FL 32693
Mailing Address: RT. 3 BOX 235 TRENTON FL 32693 US

3. Date Incorporated or Qualified: 02/23/1971
3a. Date of Last Report: 01/27/1995

2. Principal Place of Business: 21 1711 NE 134 ST
2a. Mailing Address: 26 1570 NE 132 LN
22 Suite, Apt. #, etc.
23 City & State: TRENTON, FL
24 Zip: 32693 25 Country: USA
27 Suite, Apt. #, etc.
28 City & State: TRENTON, FL
29 Zip: 32693 30 Country: USA

4. FEI Number: 59-2470524
Applied For: Not Applicable
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

9. Name and Address of Current Registered Agent
THOMAS, MARGARET L
SOUTH SHADY ST.
RT. 3 BOX 235
TRENTON FL 32693

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 1570 NE 132 LN
83 City: TRENTON
84 City: TRENTON
85 Zip Code: FL 32693

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARDS, RALPH	1.2 NAME	
STREET ADDRESS	OAK GROVE VILL RT 3	1.3 STREET ADDRESS	
CITY - ST - ZIP	TRENTON FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, BETTY	2.2 NAME	
STREET ADDRESS	OAK GROVE VILL, RT 3	2.3 STREET ADDRESS	
CITY - ST - ZIP	TRENTON FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITE, HAROLD	3.2 NAME	
STREET ADDRESS	OAK GROVE VILL RT 3	3.3 STREET ADDRESS	
CITY - ST - ZIP	TRENTON FL	3.4 CITY - ST - ZIP	
TITLE	V <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CONNOR, EDWARD	4.2 NAME	
STREET ADDRESS	OAK GROVE VILL RT. 3	4.3 STREET ADDRESS	
CITY - ST - ZIP	TRENTON FL	4.4 CITY - ST - ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LEE	5.2 NAME	
STREET ADDRESS	OAK GROVE VILL, RT3	5.3 STREET ADDRESS	
CITY - ST - ZIP	TRENTON FL	5.4 CITY - ST - ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARGARET L	6.2 NAME	
STREET ADDRESS	RT. 3 BOX 235	6.3 STREET ADDRESS	1570 NE 132 LN
CITY - ST - ZIP	TRENTON FL	6.4 CITY - ST - ZIP	TRENTON, FL

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: Margaret L. Thomas 1-22-96 352-493-0971
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)