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Feb 22, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 720317

1. Corporation Name
OAK GROVE VILLAGE PARK, INC.

Principal Place of Business 1711 NE 134 ST TRENTON FL 32693 US	Mailing Address 1570 NE 132 LN TRENTON FL 32693 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/23/1971
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2470524
City & State 23	City & State 28	Applied For <input checked="" type="checkbox"/> Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 29	Country 30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
THOMAS, MARGARET L 1570 N.E. 132 LANE RT. 3 BOX 235 TENTON FL 32693		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	DELETE RT. 3 Box 235
		84 City	FL 85 Zip Code

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 checked="" type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	EDWARDS, RALPH	1.2 NAME	DAY, WAYNE
STREET ADDRESS	OAK GROVE VILL. RT 3	1.3 STREET ADDRESS	OAK GROVE VILLAGE
CITY-ST-ZIP	TRENTON FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, BETTY	2.2 NAME	
STREET ADDRESS	OAK GROVE VILL, RT 3	2.3 STREET ADDRESS	OAK GROVE VILLAGE
CITY-ST-ZIP	TRENTON FL	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHITE, HAROLD	3.2 NAME	CLOUGH, CHUCK
STREET ADDRESS	OAK GROVE VILL RT 3	3.3 STREET ADDRESS	OAK GROVE VILLAGE
CITY-ST-ZIP	TRENTON FL	3.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLSEN, GENE	4.2 NAME	
STREET ADDRESS	OAK GROVE VILLAGE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, LEE	5.2 NAME	
STREET ADDRESS	OAK GROVE VILL, RT3	5.3 STREET ADDRESS	OAK GROVE VILLAGE
CITY-ST-ZIP	TRENTON FL	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMAS, MARGARET L	6.2 NAME	
STREET ADDRESS	1570 NE 132 LN	6.3 STREET ADDRESS	
CITY-ST-ZIP	TRENTON FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, with all other like empowered.

SIGNATURE: Margaret L. Thomas 1-5-99 352-493-0971
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 MARGARET L. THOMAS

CR2E037 (11/98)