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

APPROVED AND FILED

95 MAY -1 AM 9:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N13452** **(0)**

1. Corporation Name

OAK GROVE COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
% C. R. WALKER 1701 WILMA ROAD MCDAVID FL 32568-9743	% C. R. WALKER 1701 WILMA ROAD MCDAVID FL 32568-9743

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **02/13/1986**
3a. Date of Last Report: **05/09/1994**
4. FEI Number: **59-2233062** ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

WALKER, C. R.
1701 WILMA ROAD
MCDAVID FL 32568

10. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent's signature required when name changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	VD	11 TITLE		☐ Change ☐ Addition
NAME	HESTER, ERNIE	12 NAME		
STREET ADDRESS	3261 HWY 164	13 STREET ADDRESS		
CITY ST ZIP	MCDAVID FL	14 CITY ST ZIP		
TITLE	D	21 TITLE		☐ Change ☐ Addition
NAME	TIMS, BYRON	22 NAME		
STREET ADDRESS	5581 HWY 164	23 STREET ADDRESS		
CITY ST ZIP	MCDAVID FL	24 CITY ST ZIP		
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	HALL, TERRY	32 NAME		
STREET ADDRESS	1400 N. HWY. 99	33 STREET ADDRESS		
CITY ST ZIP	MCDAVID FL	34 CITY ST ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	MILLER, TERRY	42 NAME		
STREET ADDRESS	3550 LAMBERT BRIDGE RD.	43 STREET ADDRESS		
CITY ST ZIP	MCDAVID FL	44 CITY ST ZIP		
TITLE	PD	51 TITLE	D	☒ Change ☐ Addition
NAME	O'FARRELL, EVERETTE	52 NAME	EVERETTE O'FARRELL	
STREET ADDRESS	3841 HWY. 164	53 STREET ADDRESS	3841 HWY 164	
CITY ST ZIP	MCDAVID FL	54 CITY ST ZIP	MCDAVID FL 32568	
TITLE	D	61 TITLE	PD	☒ Change ☐ Addition
NAME	KING, LOIS J	62 NAME	LOIS J. KING	
STREET ADDRESS	635 HWY 99 N	63 STREET ADDRESS	635 HWY 99 N	
CITY ST ZIP	MCDAVID FL	64 CITY ST ZIP	MCDAVID FL 32568	

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)(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.

SIGNATURE: Terry A. Miller 04/26/95 (904) 327-4525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0072244