FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

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

1995 5-1-96 B -- 60234 C

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

3. Date Incorporated or Qualified: 02/13/1986
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

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

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

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 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: _____ DATE
Signature, typed or printed name of registered agent and title if applicable — (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
TITLE	VD	☒ DELETE	11 TITLE	PD	☒ Change ☐ Addition
NAME	HESTER, ERNIE		12 NAME	KING, LOIS J	
STREET ADDRESS	3261 HWY 164		13 STREET ADDRESS	635 HWY 99 N	
CITY-ST-ZIP	MCDAVID FL		14 CITY-ST-ZIP	McDAVID, FL 32568	
TITLE	D	☐ DELETE	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	☒ DELETE	31 TITLE	D	☒ Change ☐ Addition
NAME	HALL, TERRY		32 NAME	THAMES, MAMIE	
STREET ADDRESS	1400 N. HWY. 99		33 STREET ADDRESS	3640 MAYHAW RD	
CITY-ST-ZIP	MCDAVID FL		34 CITY-ST-ZIP	McDAVID, FL 32568	
TITLE	SD	☐ DELETE	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	D	☒ DELETE	51 TITLE	TD	☒ Change ☐ Addition
NAME	O'FARRELL, EVERETTE		52 NAME	O'FARRELL, EVERETTE	
STREET ADDRESS	3841 HWY. 164		53 STREET ADDRESS	3841 HWY 164	
CITY-ST-ZIP	MCDAVID FL		54 CITY-ST-ZIP	McDAVID, FL 32568	
TITLE	PD	☒ DELETE	61 TITLE	VD	☒ Change ☐ Addition
NAME	KING, LOIS J		62 NAME	KING, LOIS J	
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	

CR2E037 (12/95)

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: Everette O'Farrell EVERETTE O'FARRELL 4/29/96 904 327-4911
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #