I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

DIRECTOR

SIGNATURE: EVERETTE D O'FARRELL
---------------------------------

Electronic Signature of Signing Officer/Director Detail

#### DOCUMENT# N13452

Entity Name: OAK GROVE COMMUNITY CENTER, INC.

### **Current Principal Place of Business:**

% EVERETTE D O'FARRELL 3841 HWY.164 MCDAVID, FL 32568

# **Current Mailing Address:**

3550 LAMBERT BRIDGE RD. MC DAVID, FL 32568

# FEI Number: 59-2233062

### Name and Address of Current Registered Agent:

MILLER, TERRY 3550 LAMBERT BRIDGE RD. MCDAVID, FL 32568 US

Certificate of Status Desired: No

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

### SIGNATURE:

Electronic Signature of Registered Agent

### Officer/Director Detail :

ERETTE

FILED Jul 18, 2019 Secretary of State 5026904058CC

07/18/2019

Date

Date