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May 15 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

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 32568-22133. Date Incorporated or Qualified  
02/13/19863a. Date of Last Report  
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME RUSSELL, ROBERT J.  
STREET ADDRESS 3631 MAYHAW RD.  
CITY-ST-ZIP MCDAVID FL☐ DELETE1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP☒ Change ☐ AdditionTITLE D  
NAME TIMS, BYRON  
STREET ADDRESS 5581 HWY 164  
CITY-ST-ZIP MCDAVID FL☐ DELETE2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D  
NAME THAMES, MABEL  
STREET ADDRESS 3640 MAYHAW RD.  
CITY-ST-ZIP MCDAVID FL☒ DELETE3.1 TITLE PD  
3.2 NAME THOMAS G. GENTRY  
3.3 STREET ADDRESS 3780 LAMBERT BRIDGE ROAD  
3.4 CITY-ST-ZIP MCDAVID, FL. 32568☐ Change ☒ AdditionTITLE SD  
NAME MILLER, TERRY  
STREET ADDRESS 3550 LAMBERT BRIDGE RD.  
CITY-ST-ZIP MCDAVID FL☐ DELETE4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE TD  
NAME O'FARRELL, EVERETTE  
STREET ADDRESS 3841 HWY 164  
CITY-ST-ZIP MCDAVID FL☐ DELETE5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VD  
NAME KING, LOIS J  
STREET ADDRESS 635 HWY 99 N  
CITY-ST-ZIP MCDAVID FL☐ DELETE6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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.

SIGNATURE: *Terry M. Gentry*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR04/30/97 (904) 527-4325  
Date Daytime Phone # 0074376

CP2E037 (9/96)