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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

4. FEI Number

59-2233062

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

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. Is this nonprofit corporation a homeowners' association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

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 ☒ DELETE

TITLE	D
NAME	RUSSELL, ROBERT J.
STREET ADDRESS	3631 MAYHAW RD.
CITY-ST-ZIP	MCDAVID FL

TITLE	D
NAME	TMS, BYRON
STREET ADDRESS	5581 HWY 164
CITY-ST-ZIP	MCDAVID FL

TITLE	PD
NAME	GETTRY, THOMAS G
STREET ADDRESS	3730 LAMBERT BRIDGE RD
CITY-ST-ZIP	MCDAVID FL

TITLE	SD
NAME	MILLER, TERRY
STREET ADDRESS	3550 LAMBERT BRIDGE RD.
CITY-ST-ZIP	MCDAVID FL

TITLE	TD
NAME	O'FARRELL, EVERETTE
STREET ADDRESS	3841 HWY 164
CITY-ST-ZIP	MCDAVID FL

TITLE	VD
NAME	KING, LOIS J
STREET ADDRESS	635 HWY 99 N
CITY-ST-ZIP	MCDAVID FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Everette O'Farrell* Everette O'Farrell

4/13/98 850-327-4911

CR2E037 (10/97)