

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# N13452

FILED
Jul 17, 2003
Secretary of State

Entity Name: OAK GROVE COMMUNITY CENTER, INC.

Current Principal Place of Business:

% C. R. WALKER
1701 WILMA ROAD
MCDAVID, FL 325689743

New Principal Place of Business:

Current Mailing Address:

3550 LAMBERT BRIDGE RD.
MC DAVID, FL 32568

New Mailing Address:

FEI Number: 59-2233062

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: TIMS, BYRON
Address: 5581 HWY 164
City-St-Zip: MCDAVID, FL

Title: SD () Delete
Name: MILLER, TERRY,
Address: 3550 LAMBERT BRIDGE RD.
City-St-Zip: MCDAVID, FL

Title: TD () Delete
Name: O'FARRELL, EVERETTE
Address: 3841 HWY 164
City-St-Zip: MCDAVID, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TERRY MILLER

SD

07/17/2003

Electronic Signature of Signing Officer or Director

Date