

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790179

FILED
May 02, 2005
Secretary of State

Entity Name: OSLO CITRUS GROWERS ASSOCIATION

Current Principal Place of Business:

695 S US HWY #1
P O BOX 1208
VERO BCH, FL 32961

New Principal Place of Business:

Current Mailing Address:

695 S US HWY #1
P O BOX 1208
VERO BCH, FL 32961

New Mailing Address:

FEI Number: 59-0386260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

EGAN III, J B
695 S US HWY #1
VERO BCH, FL 32962 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: SEXTON, RALPH W,
Address: RANCH RD
City-St-Zip: VERO BCH, FL

Title: STD () Delete
Name: EGAN, J B III,
Address: 4631 9TH PL
City-St-Zip: VERO BCH, FL

Title: VD () Delete
Name: BAILEY, JAMES L,
Address: 2402 BUENA VISTA BLVD
City-St-Zip: VERO BCH, FL

Title: D (X) Delete
Name: SEXTON, CHARLES R,
Address: 4990 11TH LANE
City-St-Zip: VERO BCH, FL

Title: PD () Delete
Name: SEXTON, ROBERT G
Address: 371 SHORES DR.
City-St-Zip: VERO BEACH, FL 32963

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:

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: J. B. EGAN, III

STD

05/02/2005

Electronic Signature of Signing Officer or Director

_____ Date