


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2006 08:00 AM
Secretary of State

DOCUMENT # 790179
 1. Entity Name
OSLO CITRUS GROWERS ASSOCIATION



Principal Place of Business Mailing Address
 695 S US HWY #1 695 S US HWY #1
 P O BOX 1208 P O BOX 1208
 VERO BCH, FL 32961 VERO BCH, FL 32961

DO NOT WRITE IN THIS SPACE



02222006 No Chg-NP CR2E037 (11/05)

4. FEI Number **59-0386260** Applied For / Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 EGAN III, J B
 695 S US HWY #1
 VERO BCH, FL 32962

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	SEXTON, RALPH W
STREET ADDRESS	RANCH RD
CITY-ST-ZIP	VERO BCH, FL
TITLE	STD
NAME	EGAN, J B III
STREET ADDRESS	4631 9TH PL
CITY-ST-ZIP	VERO BCH, FL
TITLE	VD
NAME	BAILEY, JAMES L
STREET ADDRESS	2402 BUENA VISTA BLVD
CITY-ST-ZIP	VERO BCH, FL
TITLE	PD
NAME	SEXTON, ROBERT G
STREET ADDRESS	371 SHORES DR.
CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 03/16/06-80004-014 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or an attachment with an address, with all other like empowered.

SIGNATURE:  **J.B. EGAN III** SER-THES 3-1-06 772-262-2301
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #