


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

DOCUMENT # 790179  
 1. Entity Name  
 OSLO CITRUS GROWERS ASSOCIATION



Principal Place of Business 695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961	Mailing Address 695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32961
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**DO NOT WRITE IN THIS SPACE**



01072008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0386260	Applied For Not Applicable
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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

**DO NOT WRITE IN THIS SPACE**

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 \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

000000861385  
 04/03/08-80007-014 61.25

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

**DO NOT WRITE IN THIS SPACE**

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 on an attachment with an address, with all other like empowered.

SIGNATURE:  **J. B. EGAN III** 1-7-08 772-562-2201  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #