

**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**



01072008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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**

**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

Signature, typed or printed name of registered agent and title if applicable

(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	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

**DO NOT WRITE  
IN THIS SPACE**

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**J. B. EGAN III**

**1-7-08**

Date

**772-562-1201**

Daytime Phone #