

**2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 07, 2009**  
**Secretary of State**

DOCUMENT# 790179

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:**

695 S US HWY #1  
VERO BCH, FL 32962

**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 ( )

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

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: SEXTON, RALPH W,  
Address: 8005 37TH STREET  
City-St-Zip: VERO BCH, FL 32966 US

Title: SD (X) Change ( ) Addition  
Name: EGAN, J B III,  
Address: 4631 9TH PL  
City-St-Zip: VERO BCH, FL 32966 US

Title: VD (X) Change ( ) Addition  
Name: BAILEY, JAMES L,  
Address: 2402 BUENA VISTA BLVD  
City-St-Zip: VERO BCH, FL 32960 US

Title: PD (X) Change ( ) Addition  
Name: SEXTON, ROBERT G  
Address: 695 S US HWY #1  
City-St-Zip: VERO BEACH, FL 32962 US

Title: T ( ) Change (X) Addition  
Name: MCALARNEN, MATTHEW J  
Address: 935 32ND AVE  
City-St-Zip: VERO BEACH, FL 32960 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: MATTHEW J. MCALARNEN

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

T

04/07/2009

\_\_\_\_\_  
Date