2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 790179

Apr 07, 2009 Secretary of State

Entity Name: OSLO CITRUS GROWERS ASSOCIATION

Current Principal Place of Business: New Principal Place of Business:

695 S US HWY #1 695 S US HWY #1 P O BOX 1208 VERO BCH, FL 32962 VERO BCH, FL 32961

Current Mailing Address: New Mailing Address:

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

FEI Number: 59-0386260 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

EGAN III, J B 695 S US HWY #1 VERO BCH, FL 32962 US

OFFICERS AND DIRECTORS:

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:

Date

Electronic Signature of Registered Agent

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change () Addition

() Delete SEXTON, RALPH W, Name:

SEXTON, RALPH W. Name: RANCH RD Address: 8005 37TH STREET Address: City-St-Zip: VERO BCH, FL City-St-Zip: VERO BCH, FL 32966 US

Title: STD Title: SD () Delete (X) Change () Addition EGAN, J B III, Name: EGAN, J B III, Name:

Address: 4631 9TH PL Address: 4631 9TH PL City-St-Zip: VERO BCH, FL City-St-Zip: VERO BCH, FL 32966 US

Title: VD. () Delete Title: VD. (X) Change () Addition BAILEY, JAMES L, BAILEY, JAMES L, Name: Name:

2402 BUENA VISTA BLVD 2402 BUENA VISTA BLVD Address: Address: City-St-Zip: VERO BCH. FL City-St-Zip: VERO BCH, FL 32960 US

Title: PD () Delete Title: PD (X) Change () Addition Name: SEXTON, ROBERT G Name: SEXTON, ROBERT G

371 SHORES DR. 695 S US HWY #1 Address: Address: City-St-Zip: VERO BEACH, FL 32963 City-St-Zip: VERO BEACH, FL 32962 US

Title: () Delete Title: () Change (X) Addition

MCALARNEN, MATTHEW J Name: Name:

935 32ND AVE Address: Address:

City-St-Zip: 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 Т 04/07/2009