

# **2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 790179

**FILED**  
**Feb 04, 2010**  
**Secretary of State**

**Entity Name:** OSLO CITRUS GROWERS ASSOCIATION

**Current Principal Place of Business:**

695 S US HWY #1  
VERO BCH, FL 32962

**New Principal Place of Business:**

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

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

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

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

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

I hereby 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 all other like empowered.

SIGNATURE: MATTHEW J. MCALARNEN

T

02/04/2010

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

\_\_\_\_\_  
Date