

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N13452

1. Entity Name

OAK GROVE COMMUNITY CENTER, INC.

**FILED**  
May 17, 2001 8:00 am  
Secretary of State

05-17-2001 90404 046 \*\*\*\*61.25

0019284

Principal Place of Business

% C. R. WALKER  
1701 WILMA ROAD  
MCDAVID FL 32568-9743

Mailing Address

% C. R. WALKER  
1701 WILMA ROAD  
MCDAVID FL 32568-9743

2. Principal Place of Business

3. Mailing Address

3550 LAMBERT BRIDGE RD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MCDAVID, FLORIDA

Zip

Country

32568

Country

U.S.A.

4. FEI Number

59-2233062

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

WALKER, C. R.  
1701 WILMA ROAD  
MCDAVID FL 32568

7. Name and Address of New Registered Agent

Name

TERRY MILLER

Street Address (P.O. Box Number is Not Acceptable)

3550 LAMBERT BRIDGE ROAD

City

MCDAVID

FL

Zip Code

32568

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.

SIGNATURE

*Terry Miller* TERRY MILLER

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

(NOTE: Registered Agent signature required when reinstating)

04/30/2001

DATE

FILE NOW:  
FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	TIMS, BYRON	
STREET ADDRESS	5581 HWY 164	
CITY-ST-ZIP	MCDAVID FL	
TITLE	SD	<input type="checkbox"/> Delete
NAME	MILLER, TERRY	
STREET ADDRESS	3550 LAMBERT BRIDGE RD.	
CITY-ST-ZIP	MCDAVID FL	
TITLE	TD	<input type="checkbox"/> Delete
NAME	O'FARRELL, EVERETTE	
STREET ADDRESS	3841 HWY 164	
CITY-ST-ZIP	MCDAVID FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *EVERETTE O'FARRELL* EVERETTE O'FARRELL 4-30-01 850-327-4911

CR2E037 (10/00)