

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000012753

Entity Name: OAK GROVE PARK FOUNDATION, INC.**Current Principal Place of Business:**1140 NE 163RD STREET STE 22
NORTH MIAMI BEACH, FL 33162**Current Mailing Address:**1140 NE 163RD STREET STE 22
NORTH MIAMI BEACH, FL 33162 US**FEI Number:** 87-3277696**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**ST JEAN, DONARD
1140 NE 163RD STREET STE 22
NORTH MIAMI BEACH, FL 33162 US*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**Officer/Director Detail :**

Title	DC
Name	ST JEAN, DONARD
Address	1140 NE 163RD STREET STE 22
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TREASURER
Name	YVONNE, WRIGHT
Address	1140 NE 163RD STREET STE 22
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIRECTOR
Name	ST JEAN, ABYGAELE
Address	1140 NE 163RD STREET STE 22
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	CEO
Name	ANTOINE, LOUIS
Address	1140 NE 163RD STREET STE 22
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIRECTOR
Name	AGENOR, VALLERY
Address	1140 NE 163RD STREET STE 22
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIRECTOR
Name	DOMINIQUE, NANCY
Address	1140 NE 163RD STREET STE 22
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	DIRECTOR
Name	GOTCHEN, BERNARD
Address	1140 NE 163RD STREET STE 22
City-State-Zip:	NORTH MIAMI BEACH FL 33162

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: DONARD ST JEAN**PRESIDENT****04/11/2025**_____
Electronic Signature of Signing Officer/Director Detail_____
Date