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Feb 18 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 716445 (2)

1. Corporation Name
MOUNT OLIVE GARDENS NO.1, INC.

Principal Place of Business	Mailing Address
1700 NW 6TH PLACE APT. 201 FORT LAUDERDALE FL 33311	3107 SPRING GLEN ROAD SUITE 204 JACKSONVILLE FL 32207

3. Date Incorporated or Qualified: 04/28/1969

4. FEI Number: 59-1403029 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business 21	2a. Mailing Address 26: 4699 N STATE RD 7
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27: SUITE G
City & State 23	City & State 28: FT. LAUDERDALE, FLORIDA
Zip 24 / Country 25	Zip 29: 33319 / Country 30: USA

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ROULHAC, JULIET M 600N S. ANDREWS AVE. SUITE 200 FT. LAUDERDALE FL 33301	81 Name: ROULHAC, JULIET M. 82 Street Address (P.O. Box Number is Not Acceptable): 110 SE 6TH STREET 83: SUITE 1960 84 City: FT. LAUDERDALE **FL** 85 Zip Code: 33301

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JULIET M ROULHAC 600 S ANDREWS AVE 600 FT. LAUDERDALE FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD JULIET M ROULHAC 110 SE 6TH STREET SUITE 1960 FT. LAUD., FL 33301	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD KEN THURSTON 4877 NW 67TH AVE LAUDERHILL FL	☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	D AVOLENE ROYSTER 7482 NW 48TH PLACE LAUDERHILL, FL 33319	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD DOROTHEA P PAYTON 443 NE 210 CIR TERR 102 MIAMI FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D CASTELLA DIXION 750 NW 38TH AVENUE FT. LAUDERDALE, FL 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER D RAYMOND KUMA 5530 SW 44TH TERRACE FT. LAUDERDALE, FL 33314	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	D LOUISE MANN 3610 NW 9TH COURT FT. LAUDERDALE, FL 33311	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (10/97)

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [signature] 1-21-98 954-760-4500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0004771