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NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **716445**

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	4699 N. STATE RD 7 SUITE G FT. LAUDERDALE FL 33319 US

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26 4699 N. State Road 7	04/28/1969
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 L-1	4. FEI Number 59-1403029 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28 Fort Lauderdale, FL	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 33319 Country 30 Broward	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

ROULHAC, JULIET M
110 SE 6TH STREET
SUITE 1960
FT. LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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	PD	☐ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	JULIET M ROULHAC		1.2 NAME	Juliet Rouhlac	
STREET ADDRESS	110 SE 6TH STREET SUITE 1960		1.3 STREET ADDRESS	1776 N. Pine Island Rd. Suite 304	
CITY-ST-ZIP	FT. LAUDERDALE FL 33301		1.4 CITY-ST-ZIP	Plantation, FL 33322	
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	ROYSTER, AVOLENE		2.2 NAME		
STREET ADDRESS	7482 NW 84TH PLACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL 33319		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	DOROTHEA P PAYTON		3.2 NAME		
STREET ADDRESS	443 NE 210 CIR TERR 102		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	DIXION, CASTELLA		4.2 NAME		
STREET ADDRESS	750 NW 38TH AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	MANN, LOUISE		5.2 NAME		
STREET ADDRESS	3610 NW 9TH COURT		5.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33311		5.4 CITY-ST-ZIP		
TITLE	TRD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	KUMA, RAYMOND		6.2 NAME		
STREET ADDRESS	5530 SW 44TH TERRACE		6.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL 33314		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Juliet M. Roulhac SIGNATURE REQUIRED Juliet M. ROULHAC 1-25-99 954-473-8433
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #