2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2007 08:00 A
Secretary of State

DOCUMENT # 716445

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

Principal Place of Business	Mailing Address
1701 NW 6TH COURT, #I-101 FORT LAUDERDALE, FL 33311	4360 W. OAKLAND PK. LAUDERDALE LAKES, FL 33313 US

02022007 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

CHANGE, AVOLENE
7482 NW 48TH PL
LAUDERHILL, FL 33319

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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. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	ROUHLAC, JULIET
STREET ADDRESS	9250 W FLAGLER STREET ROOM 6500
CITY-ST-ZIP	MIAMI, FL 33102
TITLE	PD
NAME	CHANGE, AVOLENE
STREET ADDRESS	7482 NW 48TH PL
CITY-ST-ZIP	LAUDERHILL, FL 33319
TITLE	SD
NAME	DOROTHEA P PAYTON
STREET ADDRESS	443 NE 210 CIR TERR 102
CITY-ST-ZIP	MIAMI, FL
TITLE	D
NAME	DIXION, CASTELLA
STREET ADDRESS	750 NW 38TH AVENUE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	MANN, LOUISE
STREET ADDRESS	3610 NW 9TH COURT
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311
TITLE	D
NAME	HOUSTON, JAMES
STREET ADDRESS	1715 NW 162ND AVE.
CITY-ST-ZIP	PEMBROKE PINES, FL 33028

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04/19/07-80003-002 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Kenneth Thurston 4-5-07 954-733-7700 ext 111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #