

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 475124

FILED
Mar 09, 2009
Secretary of State

Entity Name: OLIVE BRANCH GROVE, INC.

Current Principal Place of Business:

3205 CR 664
BOWLING GREEN, FL 33834 US

New Principal Place of Business:

Current Mailing Address:

3205 CR 664
BOWLING GREEN, FL 33834 US

New Mailing Address:

FEI Number: 59-1619272 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

SMITH, JOSEPH
3205 CR 664
BOWLING GREEN, FL 33834 US

Name and Address of New Registered Agent:

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

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VD () Delete
Name: MOEGERLE, JANE S
Address: 6321 BLUE ASTER TRACE
City-St-Zip: SUMMERFIELD, NC 27358

Title: STD () Delete
Name: HERRON, CLAUDEENE
Address: 3297 CR 664
City-St-Zip: BOWLING GREEN, FL 33834 US

Title: PD () Delete
Name: SMITH, JOSEPH F,
Address: 3205 CR 664
City-St-Zip: BOWLING GREEN, FL

Title: D () Delete
Name: MOEGERLE, GEREN C
Address: 6321 BLUE ASTER TRACE
City-St-Zip: SUMMERFIELD, NC 27358

Title: D () Delete
Name: HERRON, COHEN
Address: 3297 CR 664
City-St-Zip: BOWLING GREEN, FL 33834

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VD (X) Change () Addition
Name: MOEGERLE, JANE S
Address: 11114 INDIAN LEGENDS DR
City-St-Zip: LOUISVILLE, KY 40241

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: MOEGERLE, GEREN C
Address: 11114 INDIAN LEGENDS DR
City-St-Zip: LOUISVILLE, KY 40241

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JOSEPH F. SMITH

PD

03/09/2009

Electronic Signature of Signing Officer or Director

_____ Date