## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N00000007542

HARTNEY, CATHY J

BOCA RATON, FL 33486

1315 SOUTHWEST 21ST AVENUE

Name:

Address:

City-St-Zip:

Entity Name: OLIVER'S HOUSE INCORPORATED

FILED Mar 26, 2009 Secretary of State

Littly Nai	ille. OLIVER S	TIOUSE,	INCORPORATED			
Current Principal Place of Business:				New Principal Place of Business:		
	NONDALE RO LM BEACH, FL		US			
Current Mailing Address:				New Mailing Address:		
	NONDALE RO LM BEACH, FL		US			
FEI Number:	: 65-1124991	FEI Num	ber Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and Address of Current Registered Agent:				Name and Address o	Name and Address of New Registered Agent:	
	ER, LISA T NONDALE RO LM BEACH, FL		US			
	named entity see of Florida.	submits th	is statement for the	purpose of changing its registered	d office or registered agent, or both,	
SIGNATUR	RE:					
	Electron	ic Signatı	ire of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGE	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	D () BOTTCHER, LIS 104 SHANNONE WEST PALM BE	DALE ROAD	)	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	ST () KIEFER, NANNE 107 FLAGLER F WEST PALM BE	PROMENAD		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	D () OCHSTEIN, BR. 262 SUNSET AV PALM BEACH, I	/ENUE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title:	D ()	Delete		Title:	( ) Change ( ) Addition	

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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: LISA THERESINE BOTTCHER PRES 03/26/2009