2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 08:00 A
Secretary of State

DOCUMENT # N01000001623

1. Entity Name
THE OLIVE BRANCH, INC.

Principal Place of Business	Mailing Address
745 WOODS AVENUE ORLANDO, FL 32805	745 WOODS AVENUE ORLANDO, FL 32805

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02102007 No Chg-NP CR2E037 (4/06)

4. FEI Number
59-3708878
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

WAUGH, UYLEE R
381 IOWA WOODS CIRCLE, WEST
ORLANDO, FL 32824

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

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	WAUGH, ULYEE R REV
STREET ADDRESS	381 IOWA WOODS CIRCLE WET
CITY-ST-ZIP	ORLANDO, FL 32824
TITLE	D
NAME	ANDERSON, TYREE
STREET ADDRESS	5758 KINGSGATE DR.
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D
NAME	MILTON, SHAKARA L
STREET ADDRESS	11 S. PARRAMORE AVE.
CITY-ST-ZIP	ORLANDO, FL 32805
TITLE	MGRM
NAME	MATTHEWS-PRYOR, ROSA
STREET ADDRESS	1633 MESSINA AVENUE
CITY-ST-ZIP	ORLANDO, FL 32839
TITLE	D
NAME	WOODS, RICHARD C
STREET ADDRESS	5524 ARNOLD PALMER DRIVE APT. 1112
CITY-ST-ZIP	ORLANDO, FL 32811
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

U00000636410
02/26/07-80015-020 70.00

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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: Uylee R. Waugh 2/9/07 4074257323
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #