2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000001623

Entity Name: THE OLIVE BRANCH, INC.

FILED Jan 07, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 745 WOODS AVENUE ORLANDO, FL 32805 **Current Mailing Address: New Mailing Address:** 745 WOODS AVENUE ORLANDO, FL 32805 FEI Number: 59-3708878 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WAUGH, UYLEE R 381 IOWA WOODS CIRCLE, WEST ORLANDO, FL 32824 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WAUGH, ULYEE R REV Name: Name: 381 IOWA WOODS CIRCLE WET Address: Address: City-St-Zip: ORLANDO, FL 32824 City-St-Zip: Title: () Delete Title: () Change () Addition ANDERSON, TYREE Name: Name: Address: 5758 KINGSGATE DR. Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: () Delete Title: () Change () Addition MILTON, SHAKARA L Name: Name: 11 S. PARRAMORE AVE. Address: Address: City-St-Zip: ORLANDO, FL 32805 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: MATTHEWS-PRYOR, ROSA Name: 1633 MESSINA AVENUE Address: Address: City-St-Zip: ORLANDO, FL 32839 City-St-Zip: Title: Title: () Delete () Change () Addition WOODS, RICHARD C Name: Name: 5524 ARNOLD PALMER DRIVE APT. 1112 Address: Address: City-St-Zip: ORLANDO, FL 32811 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: REV. DR. UYLEE R. WAUGH D 01/07/2008