

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000011437

FILED
Feb 20, 2007
Secretary of State

Entity Name: OLIVE LEAF FOUNDATION, INC.

Current Principal Place of Business:

122 W. PALM AVE.
TAMPA, FL 33602

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 273211
TAMPA, FL 33688

New Mailing Address:

FEI Number: 65-0565762

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

FARRAGUT, WILLIAM JR.
122 W. PALM AVE
TAMPA, FL 33602 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

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: FARRAGUT, ANITRA L
Address: 122 W. PALM AVE.
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FARRAGUT, WILLIAM JR.
Address: 122 W. PALM AVE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FARRAGUT, WILLIAM III
Address: 14022 ARBOR KNOLL CIRCLE
City-St-Zip: TAMPA, FL 33625

Title: D () Delete
Name: MURDOCK, JEANETTE L
Address: 122 W. PALM AVE
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: DAVIS, EULALIA F
Address: 122 W. PALM AVE
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

I hereby certify that the information supplied with this filing does not qualify for the 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. ANITRA L. FARRAGUT

PRES

02/20/2007

Electronic Signature of Signing Officer or Director

Date