

# 2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 FEB -3 PM 12: 08

DOCUMENT # N07000000194



1. Entity Name  
OLIVE BRANCH COMMUNITY DEVELOPMENT  
CORPORATION, INC.

Principal Place of Business  
2525 W CHURCH ST  
ORLANDO, FL 32805

Mailing Address  
2525 W CHURCH ST  
ORLANDO, FL 32805



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01222009 REIN-NP

CR2E099 (1/07)

4. FEI Number

59 347 9837

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GREEN, DAVID W SR.  
2525 W CHURCH ST  
ORLANDO, FL 32805

Name Mark E. Crutcher

Street Address (P.O. Box Number is Not Acceptable)  
2525 W. Church Street

City Orlando

FL

Zip Code 32805

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

*ME Crutcher*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

1-26-09

DATE

FILE NOW!!! FEE IS \$297.50

Make check payable to  
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	GREEN, DAVID W SR.	
STREET ADDRESS	2525 W CHURCH ST	
CITY-ST-ZIP	ORLANDO, FL 32805	

TITLE	D	<input type="checkbox"/> Delete
NAME	FULLER, VERNON	
STREET ADDRESS	2525 W CHURCH ST	
CITY-ST-ZIP	ORLANDO, FL 32805	

TITLE	D	<input type="checkbox"/> Delete
NAME	GRIMMAGE, WILLIE	
STREET ADDRESS	2525 W CHURCH ST	
CITY-ST-ZIP	ORLANDO, FL 32805	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Crutcher, Mark E	
STREET ADDRESS	2525 W. Church Street	
CITY-ST-ZIP	Orlando, FL 32805	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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

*ME Crutcher*

1-26-09

(407) 295-1568