

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90056 003 ****61.25

DOCUMENT # N37183

1. Entity Name

OLIVE BRANCH RECREATION CENTER, INC.

Principal Place of Business

**5340 DUEY RD
P. O. BOX 1234
POLK CITY FL 33868
US**

Mailing Address

**5340 DUEY RD
P.O. BOX 1234
POLK CITY FL 33868
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3008022

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

**WOJDA, LOIS M
5237 REVELATION DR
POLK CITY FL 33868**

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME LAGROW, JERRY ☒ Delete
STREET ADDRESS 9020 SARAH DR
CITY-ST-ZIP POLK CITY FL 33868

TITLE PD
NAME RUTH COOKE ☒ Change ☐ Addition
STREET ADDRESS 9035 SARAH DR
CITY-ST-ZIP POLK CITY, FL 33868

TITLE VD
NAME KIMBALL, EARL ☒ Delete
STREET ADDRESS 4909 SHORELINE DR
CITY-ST-ZIP POLK CITY FL 33868

TITLE VD
NAME CLAYTON STEINWACHS ☒ Change ☐ Addition
STREET ADDRESS 5524 GOLDEN GATE BLVD
CITY-ST-ZIP POLK CITY, FL 33868

TITLE S
NAME WOJDA, LOIS M ☐ Delete
STREET ADDRESS 5237 REVELATION DR
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE T
NAME WHALEN, EARL M ☐ Delete
STREET ADDRESS 5414 GOLDEN GATE BLVD
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME TURNER, HARRY ☐ Delete
STREET ADDRESS 9033 SARAH DR
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D
NAME MESSINA, JOSEPH ☐ Delete
STREET ADDRESS 5506 JERICHO AVE
CITY-ST-ZIP POLK CITY FL 33868

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Lois M. Wajda **LOIS M. WOJDA** 2/11/02 (863) 984-3561
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)