2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 06, 2005
Secretary of State

DOCUMENT# N37183

Entity Name: OLIVE BRANCH RECREATION CENTER, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3008022 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

WOJDA, LOIS M
5237 REVELATION DR
POLK CITY, FL 33868 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: PD ( ) Delete
Name: WOJDA, LOIS M
Address: 5237 REVELATION DR.
City-St-Zip: POLK CITY, FL 33868

Title: VD ( ) Delete
Name: MESSINA, JOSEPH
Address: 5506 JERICHO AVE.
City-St-Zip: POLK CITY, FL 33868

Title: TD ( ) Delete
Name: PEAVY, VERNA
Address: 9125 GOLDEN GATE BLVD
City-St-Zip: POLK CITY, FL 33868

Title: SD ( ) Delete
Name: HEBERT, DOROTHY
Address: 5413 GOLDEN GATE BLVD
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Delete
Name: TURNER, HARRY
Address: 9033 SARAH DR
City-St-Zip: POLK CITY, FL 33868

Title: D ( ) Delete
Name: MESSINA, JOSEPH
Address: 5506 JERICHO AVE
City-St-Zip: POLK CITY, FL 33868

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:

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 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 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: LOIS M. WOJDA P/D 01/06/2005
Electronic Signature of Signing Officer or Director — Date