
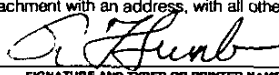


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 14, 2007 8:00 am
Secretary of State

02-14-2007 90052 025 ****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 - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number 59-3008022			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input type="checkbox"/>			\$8.75 Additional Fee Required		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
LUMB, RALPH 5512 JERICHO AVE 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LUMB, RALPH		NAME		
STREET ADDRESS	5512 JERICHO AVE		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	DAVIS, HERBERT R		NAME		
STREET ADDRESS	5508 JACOB AVE		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEAVY, VERNA		NAME	Wyanda Mitchell	
STREET ADDRESS	9125 GOLDEN GATE BLVD		STREET ADDRESS	5321 Island View Cir. N	
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City FL 33868	
TITLE	S	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	KIMBALL, PORENE		NAME	Shirley Heutz	
STREET ADDRESS	5524 GOLDEN GATE BLVD		STREET ADDRESS	5445 Jacob Ave.	
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City, FL 33868	
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TURNER, HARRY		NAME		
STREET ADDRESS	9033 SARAH DR		STREET ADDRESS		
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MESSINA, JOSEPH		NAME	Bertrand Heutz	
STREET ADDRESS	5506 JERICHO AVE		STREET ADDRESS	5445 Jacob Ave.	
CITY-ST-ZIP	POLK CITY, FL 33868		CITY-ST-ZIP	Polk City, FL 33868	
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: 		Ralph F. Lumb		2/8/2007 863-984-6626	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	

ATTACHMENT

40016802

#N37183

OLIVE BRANCH RECREATION CENTER, INC.

ADDENDUM

ADDITIONAL DIRECTORS:

D

Thomas Herring
5522 Jacob Ave.
Polk City, FL 33868

D

John Macliver
5097 Shoreline Dr.
Polk City, FL 33868

D

Ruth Cooke
9035 Sarah Dr.
Polk City, FL 33868

D

Remi Fortin
5237 Island View Cir. S
Polk City, FL 33868