


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State

03-05-2008 90024 008 ****70.00

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|--|---|---|---|--|--|
| 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 # Suite, Apt. #, etc. | | | 3. Mailing Address Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | | Country | | Zip | |
| Country | | Country | | 4. FEI Number 59-3008022 | |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | | | | Applied For Not Applicable | |
| 6. Name and Address of Current Registered Agent LUMB, RALPH 5512 JERICHO AVE POLK CITY, FL 33868 | | | | 7. Name and Address of New Registered Agent Name WOJDA, LOIS Street Address (P.O. Box Number is Not Acceptable) 5237 REVELATION DR. City POLK CITY FL 33868 | |
| 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 <i>Lois M. Wojda</i> <i>Lois M. Wojda</i> 3-3-2008 <small>Signature, typed or printed name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE</small> | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2008 | | 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 NAME STREET ADDRESS CITY-ST-ZIP | PD LUMB, RALPH 5512 JERICHO AVE POLK CITY, FL 33868 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD WOJDA, LOIS 5237 REVELATION DRIVE POLK CITY, FL 33868 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD DAVIS, HERBERT R 5508 JACOB AVE POLK CITY, FL 33868 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | VD HERRING, THOMAS 5522 JACOB AVE. POLK CITY, FL 33868 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD MITCHELL, WYANDA 5321 ISLAND VIEW CIR N POLK CITY, FL 33868 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | TD BUCKLIN, PATRICIA 5232 GOLDEN GATE BLVD. POLK CITY, FL 33868 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HEUTZ, SHIRLEY 5445 JACOB AVE POLK CITY, FL 33868 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | S HEUTZ, SHIRLEY 5445 JACOB AVE POLK CITY, FL 33868 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D TURNER, HARRY 9033 SARAH DR POLK CITY, FL 33868 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D MACLIVER, JOHN 5097 SHORELINE DR. POLK CITY, FL 33868 | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEUTZ, BERTRAND 5445 JACOB AVE POLK CITY, FL 33868 | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | D HEUTZ, BERTRAND 5445 JACOB AVE POLK CITY, FL 33868 | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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: <i>Lois M. Wojda</i> <i>Lois M. Wojda</i> 3-3-08 (863) 984-3561 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small> | | | | | |

40038469



02252008 Chg-NP CR2E037 (12/06)

ATTACHMENT
40038469

DOCUMENT #437183

OVLIVE BRANCH RECREATION CENTER, INC.

ADDENDUM

D
RICHARD BLAIR
5188 SHORELINE DR.
POLK CITY, FL 33868

D
RUTH COOKE
9035 SARA DR.
POLK CITY, FL 33868

D
WYANDA MITCHELL
5221 ISLAND VIEW CIRCLE N.
POLK CITY, FL 33868

D
LIZ TOOTHAKER
8910 GOLDEN GATE BLVD.
POLK CITY, FL 33868