

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N37183

FILED
Feb 13, 2009
Secretary of State

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:

LOIS, WOJDA
5237 REVELATION DR
POLK CITY, FL 33868 US

Name and Address of New Registered Agent:

HERRING, THOMAS
5522 JACOB AVE
POLK CITY, FL 33868 US

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: THOMAS HERRING

02/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

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

Title: VD () Delete
Name: HERRING, THOMAS
Address: 5522 JACOB AVE
City-St-Zip: POLK CITY, FL 33868

Title: TD () Delete
Name: BUCKLIN, PATRICIA
Address: 5232 GOLDEN GATE BLVD
City-St-Zip: POLK CITY, FL 33868

Title: S () Delete
Name: HEUTZ, SHIRLEY
Address: 5445 JACOB AVE
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: MACLIVER, JOHN
Address: 5097 SHORELINE DR
City-St-Zip: POLK CITY, FL 33868

Title: D () Delete
Name: HEUTZ, BERTRAND
Address: 5445 JACOB AVE
City-St-Zip: POLK CITY, FL 33868

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: HERRING, THOMAS
Address: 5522 JACOB AVE
City-St-Zip: POLK CITY, FL 33868

Title: VD (X) Change () Addition
Name: MITCHELL, WYANDA
Address: 5221 ISLAND VIEW CIR. N.
City-St-Zip: POLK CITY, FL 33868

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: BENNETT, VIRGINIA
Address: 9135 SAMARITAN DR.
City-St-Zip: POLK CITY, FL 33868

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: PATRICIA BUCKLIN

TD

02/13/2009

Electronic Signature of Signing Officer or Director

Date