2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 15, 2011
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:

HERRING, THOMAS
5522 JACOB AVE
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
Name: HERRING, THOMAS
Address: 5522 JACOB AVE
City-St-Zip: POLK CITY, FL 33868

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

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

Title: SD
Name: TROVATO, SUSAN
Address: 5245 REVELATION DRIVE
City-St-Zip: POLK CITY, FL 33868

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

Title: D
Name: COLBERT, CARL SR
Address: 8940 GOLDEN GATE BLVD.
City-St-Zip: POLK CITY, FL 33868

I hereby 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 all other like empowered.

SIGNATURE: THOMAS HERRING P 02/15/2011

Electronic Signature of Signing Officer or Director Date