

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000001260 (7)**

1. Corporation Name

OLIVE LEAF CHRISTIAN CENTER, INC.



Principal Place of Business

Mailing Address

**14022 ARBOR KNOLL CIRCLE
TAMPA FL 33625**

**14022 ARBOR KNOLL CIRCLE
TAMPA FL 33625**

3. Date Incorporated or Qualified
03/15/1995

3a. Date of Last Report
NA

2. Principal Place of Business

2a. Mailing Address

21 **4402 W. OSBORNE**

26

4. FEI Number

65-0565762

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 **TAMPA, FL.**

28

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

24 **33614**

Country

Zip

Country

25 **Hillsborough**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FARRAGUT, ANITRA L
14022 ARBOR KNOLL CIRCLE
TAMPA FL 33625**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **SECRETARY-TREASURER** ☐ DELETE

NAME **William FARRAGUT**
STREET ADDRESS **14022 ARBOR KNOLL CIRCLE**
CITY-ST-ZIP **TAMPA-FL-33625**

TITLE **TRUSTEE** ☐ DELETE

NAME **JANETTE MURDOCK**
STREET ADDRESS **4345 HOWEY VISTA CIRCLE**
CITY-ST-ZIP **TAMPA-FL-33624**

TITLE **PASTOR** ☐ DELETE

NAME **ANITRA L. FARRAGUT**
STREET ADDRESS **14022 ARBOR KNOLL CIRCLE**
CITY-ST-ZIP **TAMPA-FL-33625**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

William Farragut
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

20 June 96 (413) 545-2438
Date Daytime Phone #

CR2E037 (3/96)