

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Sep 02, 2004 08:00 AM
Secretary of State**

DOCUMENT # N95000001260

1. Entity Name
OLIVE LEAF CHRISTIAN CENTER, INC.



Principal Place of Business

**9302 ANDERSON RD
TAMPA, FL 33624**

Mailing Address

**P.O. BOX 273211
TAMPA, FL 33688 US**



08012004 No Chg-NP

CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number

65-0565762

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

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

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IN THIS SPACE**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

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

U000000171467

09/02/04-80002-022 61.25

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**ST
FARRAGUT, WILLIAM
14022 ARBOR KNOLL CIR.
TAMPA, FL 33625**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**PD
FARRAGUT, ANITRA L
14022 ARBOR KNOLL CIR.
TAMPA, FL 33625**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**T
MURDOCK, JEANETTE
4826 GROVE POINT DR
TAMPA, FL 33624**

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

8/01/2004 (813) 272-2202

Daytime Phone #