2005 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

FILED
Oct 12, 2005
Secretary of State

DOCUMENT# N95000001260

Entity Name: OLIVE LEAF CHRISTIAN CENTER, INC.

Current Principal Place of Business:

9302 ANDERSON RD
TAMPA, FL 33624

New Principal Place of Business:

122 W PALM AVE
TAMPA, FL 33602

Current Mailing Address:

P.O. BOX 273211
TAMPA, FL 33688 US

New Mailing Address:

FEI Number: 65-0565762 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

FARRAGUT, ANITRA L REV.
14022 ARBOR KNOLL CIRCLE
TAMPA, FL 33625 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: REV. ANITRA L. FARRAGUT 10/12/2005
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: ST ( ) Delete
Name: FARRAGUT, WILLIAM
Address: 14022 ARBOR KNOLL CIR.
City-St-Zip: TAMPA, FL 33625

Title: PD ( ) Delete
Name: FARRAGUT, ANITRA L
Address: 14022 ARBOR KNOLL CIR.
City-St-Zip: TAMPA, FL 33625

Title: T ( ) Delete
Name: MURDOCK, JEANETTE
Address: 4826 GROVE POINT DR
City-St-Zip: TAMPA, FL 33624

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: PD (X) Change ( ) Addition
Name: FARRAGUT, ANITRA L REV.
Address: 14022 ARBOR KNOLL CIR.
City-St-Zip: TAMPA, FL 33625

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: REV. ANITRA L. FARRAGUT PD 10/12/2005
Electronic Signature of Signing Officer or Director Date