

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000001260

FILED
Apr 10, 2008
Secretary of State

Entity Name: OLIVE LEAF CHRISTIAN CENTER, INC.

Current Principal Place of Business:

122 W PALM AVE
TAMPA, FL 33602

New Principal Place of Business:

16104 HANNA RD
LUTZ, FL 336549

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 ()

Name and Address of Current Registered Agent:

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

Title: PD () Delete
Name: FARRAGUT, ANITRA L REV.
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: () Change () Addition
Name:
Address:
City-St-Zip:

Title: T (X) Change () Addition
Name: MURDOCK, JEANETTE
Address: 6638 MARINA POINTE VILLAGE CT.
City-St-Zip: TAMPA, FL 33635

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: CARLA SMITH

ASST

04/10/2008

Electronic Signature of Signing Officer or Director

Date