

FILE NOW: FILING FEE IS \$61.25

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90129 014 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000001333

1. Corporation Name

THE OLIVE BRANCH CITIZENS ASSOCIATION, INC.

Principal Place of Business

225 EAST ROBINSON STREET #540
ORLANDO FL 32801

Mailing Address

225 EAST ROBINSON STREET #540
ORLANDO FL 32801



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

03/03/1998

4. FEI Number

59-3496394

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

PAPPAS, PETER C
225 EAST ROBINSON STREET
LANDMARK CENTER II #540
ORLANDO FL 32801

10. Name and Address of New Registered Agent

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 PD ☐ DELETE
NAME BROWN, WILLIAM P
STREET ADDRESS 315 EAST ROBINSON STREET #160
CITY-ST-ZIP ORLANDO FL 32801

TITLE VD ☐ DELETE
NAME WALTERS, NORMA
STREET ADDRESS 315 EAST ROBINSON STREET #160
CITY-ST-ZIP ORLANDO FL 32801

TITLE VD ☐ DELETE
NAME BROWN, MICHELLE E
STREET ADDRESS 315 EAST ROBINSON STREET #160
CITY-ST-ZIP ORLANDO FL 32801

TITLE S ☐ DELETE
NAME BUCKNER, THERESA A
STREET ADDRESS 225 EAST ROBINSON STREET #540
CITY-ST-ZIP ORLANDO FL 32801

TITLE T ☐ DELETE
NAME PAPPAS, PETER C
STREET ADDRESS 225 EAST ROBINSON STREET #540
CITY-ST-ZIP ORLANDO FL 32801

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/27/99 407/648-2555

CR2E037 (11/98)