

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90061 005 ****61.25

DOCUMENT # N95000004578

1. Corporation Name

GREEN HILLS COMMUNITY CENTER, INC.

Principal Place of Business

17913 PARK PL.
FOUNTAIN FL 32438

Mailing Address

P.O. BOX 284
FOUNTAIN FL 32438



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip Country

24

25

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip Country

29

Country

3. Date Incorporated or Qualified

09/25/1995

4. FEI Number

59-1617740

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

GROVER, BARBARA J
12341 OWENWOOD RD.
FOUNTAIN FL 32438

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 ☐ DELETE

TITLE P
NAME KOERNER, GARY
STREET ADDRESS 17445 KOERNER RD.
CITY-ST-ZIP YOUNGSTOWN FL

TITLE V ☐ DELETE
NAME STRICKLAND, ALINE
STREET ADDRESS 18527 HIGHWAY 231
CITY-ST-ZIP FOUNTAIN FL

TITLE S ☒ DELETE
NAME STRICKLAND, ALINE
STREET ADDRESS 18527 HIGHWAY 231
CITY-ST-ZIP FOUNTAIN FL

TITLE D ☐ DELETE
NAME GROVER, ELTON
STREET ADDRESS OWEN WOOD
CITY-ST-ZIP FOUNTAIN FL

TITLE D ☐ DELETE
NAME GREEN, ROBERT
STREET ADDRESS 12612 DAVIS ST.
CITY-ST-ZIP FOUNTAIN FL

TITLE D ☐ DELETE
NAME WYNN, PAUL
STREET ADDRESS 20010 WARNOCK RD.
CITY-ST-ZIP FOUNTAIN FL

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 Barbara J. Grover ☒ Change ☐ Addition
3.2 NAME P.O. Box 111
3.3 STREET ADDRESS Fountain, Fl. 32438
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

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)