


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90004 018 ****61.25

DOCUMENT # N95000004578	
1. Entity 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
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01112004



01112004 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-1617740	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent GALANT, MARJORIE 782 S SILVERLAKE ROAD FOUNTAIN, FL 32438	DO NOT WRITE IN THIS SPACE
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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 Marjorie Galant DATE 4-8-04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$81.25
Due by May 1, 2004**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P KOERNER, GARY 17445 KOERNER RD YOUNGSTOWN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	V MELLOR, FRED 15905 COUNTRY OAKS LN FOUNTAIN, FL 32738 32438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T GALANT, MARJORIE 782 S SILVER LAKE ROAD FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S HUNT, CHERYL 6080 ARD DRIVE YOUNSTOWN, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D HERRELL, STEVE 12029 HARRINGTON ROAD FOUNTAIN, FL 32438
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D Phyllis BURGESS, PHYLISS 12028 HARRINGTON RD FOUNTAIN, FL 32438

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: Marjorie Galant DATE 4-8-04 DAYTIME PHONE # 850-722-4651
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR