

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

2007 SEP 14 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		07142007 Chg-NP CR2E037 (12/06)	
Zip		Country		4. FEI Number 59-1617740	
5. Certificate of Status Desired <input type="checkbox"/>		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			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 200109597017 09/18/07--01071--013 **61.25 City FL Zip Code		
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 <small>Signature, typed or printed name of registered agent and title if applicable.</small>		(NOTE: Registered Agent signature required when reinstating)		DATE 9-13-07	
Filing Fee is \$61.25 Due by September 14, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KOERNER, GARY 17445 KOERNER RD YOUNGSTOWN, FL	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Jeff Norton 13003 webber Rd Fountain, FL 32438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELLOR, FRED 15905 COUNTRY OAKS LN FOUNTAIN, FL 32738	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	V DAVID WHITE PO BOX 215 FOUNTAIN, FL 32438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GALANT, MARJORIE 782 S SILVER LAKE ROAD FOUNTAIN, FL 32438	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BUN TAYLOR P.O. BOX 149 FOUNTAIN FL 32438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S HUNT, CHERYL 6080 ARD DRIVE YOUNGSTOWN, FL	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Marla Clark 10339 S. Silverlake Rd. Fountain, FL 32438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MISSKERG, CYNTHIA 18735 WESTCHESTER RD FOUNTAIN, FL 32438	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MELLOR FRED 15905 COUNTRY OAKS LN. FOUNTAIN FL 32738	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, PHYLLIS 12028 HARRINGTON RD FOUNTAIN, FL 32438	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CRAWFORD, DIANE 19740 ROSS RD FOUNTAIN FL 32438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:		SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		DATE 9-13-07	
Daytime Phone #					