

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 21, 2003 8:00 am
Secretary of State

01-21-2003 90039 034 ****61.25

90005567



☐ CHECK HERE IF MAKING CHANGES

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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-1617740**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GALANT, MARJORIE
782 S SILVERLAKE ROAD
FOUNTAIN FL 32438**

Name

Street Address (P.O. Box Number is Not Acceptable)

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 *Marjorie Galant*

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

1-16-03

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$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 **P** ☐ Delete
NAME **KOERNER, GARY**
STREET ADDRESS **17445 KOERNER RD**
CITY-ST-ZIP **YOUNGSTOWN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **V** ☐ Delete
NAME **MELLOR, FRED**
STREET ADDRESS **15905 COUNTRY OAKS LN**
CITY-ST-ZIP **FOUNTAIN FL 32738**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **GALANT, MARJORIE**
STREET ADDRESS **782 S SILVER LAKE ROAD**
CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **S** ☐ Delete
NAME **HUNT, CHERYL**
STREET ADDRESS **6080 ARD DRIVE**
CITY-ST-ZIP **YOUNSTOWN FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **HERRELL, STEVE**
STREET ADDRESS **12029 HARRINGTON ROAD**
CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **BURGESS, PHYLISS**
STREET ADDRESS **12028 HARRINGTON RD**
CITY-ST-ZIP **FOUNTAIN FL 32438**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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*

1-16-03 850-722-4651

CR2E037 (10/02)