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Mar 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004376 (7)**

1. Corporation Name

GREEN PASTURES WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
P O BOX 479 REDDICK FL 32686	P O BOX 479 REDDICK FL 32686

3. Date Incorporated or Qualified: 08/19/1996

4. FEI Number: 52-2001876 ☐ Applied For ☑ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 1818 NW BITCHTON Rd.	26 P O BOX 479
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Ocala, Fl	28 City & State: Reddick, Fl
24 Zip: 34475 25 Country: MARION	29 Zip: 32686 30 Country: MARION

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☑ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

WALLS, DAYMON L
15655 NW 38TH AVE
REDDICK FL 32686

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: Daymon L. Walls (President) Daymon L. Walls DATE: 2-26-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	WALLS, DAYMON L		1.2 NAME		
STREET ADDRESS	15655 N.W. 38TH AVE		1.3 STREET ADDRESS		
CITY-ST-ZIP	REDDICK FL		1.4 CITY-ST-ZIP		
TITLE	VPSD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	WALLS, JOAN ANN		2.2 NAME		
STREET ADDRESS	15655 N.W. 38TH AVE		2.3 STREET ADDRESS		
CITY-ST-ZIP	REDDICK FL		2.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHAPPEIL, RUEBEN		3.2 NAME		
STREET ADDRESS	813 N.W. 9TH ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	OCALA FL		3.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	BLUNT, SONJA M		4.2 NAME		
STREET ADDRESS	3700 W HWY 316		4.3 STREET ADDRESS		
CITY-ST-ZIP	REDDICK FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (10/97)

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.

SIGNATURE: Joan D. Walls - Joan A. Walls 2-26-98 (352) 867-4177
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Title — Daytime Phone #