

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000004376

1. Entity Name

GREEN PASTURES WORSHIP CENTER, INC.

FILED
Apr 04, 2000 8:00 am
Secretary of State

04-04-2000 90045 011 ****61.25

Principal Place of Business

Mailing Address

1818 NW BLITCHTON RD
OCALA FL 34475
US

P. O. BOX 479
REDDICK FL 32686-0479
US

2. Principal Place of Business

1818 NW BLITCHTON RD

3. Mailing Address

6480 NW 1st Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

OCALA, Florida

City & State

OCALA, Florida

4. FEI Number

52-2001876

Applied For

☒ Not Applicable

Zip

Country

34475 United States

Zip

Country

34475 United States

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

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

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.

SIGNATURE Daymon L. Walls
Signature, typed or printed name of registered agent and title if applicable.

Daymon L. Walls
(NOTE: Registered Agent signature required when reinstating)

4-2-00
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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME WALLS, DAYMON L
STREET ADDRESS 15655 N.W. 38TH AVE
CITY-ST-ZIP REDDICK FL ☐ Delete

TITLE PD
NAME WALLS, Daymon L
STREET ADDRESS 6480 NW 1st Avenue
CITY-ST-ZIP Ocala, Fla. 34475 ☒ Change ☐ Addition

TITLE VPSD
NAME WALLS, JOAN ANN
STREET ADDRESS 15655 N.W. 38TH AVE
CITY-ST-ZIP REDDICK FL ☐ Delete

TITLE VPSD
NAME WALLS, JOAN ANN
STREET ADDRESS 6480 NW 1st Avenue
CITY-ST-ZIP Ocala, Fla. 34475 ☒ Change ☐ Addition

TITLE TD
NAME CHAPPEL, RUEBEN
STREET ADDRESS 813 N.W. 9TH ST
CITY-ST-ZIP Ocala FL ☐ Delete

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

TITLE SD
NAME BLUNT, SONJA M
STREET ADDRESS 3700 W HWY 316
CITY-ST-ZIP REDDICK FL ☒ Delete

TITLE
NAME Greene, Louis B.
STREET ADDRESS 850 NW 63rd place
CITY-ST-ZIP Ocala, Florida 34475 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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

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: Joan A. Walls 4-2-00 (352) 369-4396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/99)