2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # N96000004376

1. Entity Name
GREEN PASTURES WORSHIP CENTER, INC.

Principal Place of Business	Mailing Address
1818 NW BLITCHTON RD OCALA, FL 34475 US	6480 N.W. 1ST AVENUE OCALA, FL 34475 US

01092007 No Chg-NP CR2E037 (4/06)

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

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

6. Name and Address of Current Registered Agent

WALLS, DAYMON L
6480 NW 1ST AVENUE
OCALA, FL 34475

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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 Daymon L. Walls Daymon L. Walls (PD) 01-21-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2007

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALLS, DAYMON L
STREET ADDRESS	6480 N.W. 1ST AVENUE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	VPSD
NAME	WALLS, JOAN ANN
STREET ADDRESS	6480 N.W. 1ST AVENUE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	T
NAME	GREENE, LOUIS B
STREET ADDRESS	850 N.W. 63RD PLACE
CITY-ST-ZIP	OCALA, FL 34475
TITLE	TD
NAME	MAYWEATHER, ROBERT EARL
STREET ADDRESS	12276 WEST HIGHWAY 40
CITY-ST-ZIP	OCALA, FL 34481
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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01/31/07-80002-013 70.00

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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: Joan Ann Walls (VPSD) Joan Ann Walls 1-21-07 (352)369-9396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #