2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 03, 2009
Secretary of State

DOCUMENT# N96000004376

Entity Name: GREEN PASTURES WORSHIP CENTER, INC.

Current Principal Place of Business:

1818 NW BLITCHTON RD
OCALA, FL 34475 US

New Principal Place of Business:

Current Mailing Address:

6480 N.W. 1ST AVENUE
OCALA, FL 34475 US

New Mailing Address:

FEI Number: 52-2001876 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: WALLS, DAYMON L
Address: 6480 N.W. 1ST AVENUE
City-St-Zip: OCALA, FL 34475

Title: VPSD ( ) Delete
Name: WALLS, JOAN ANN
Address: 6480 N.W. 1ST AVENUE
City-St-Zip: OCALA, FL 34475

Title: T ( ) Delete
Name: GREENE, LOUIS B
Address: 850 N.W. 63RD PLACE
City-St-Zip: OCALA, FL 34475

Title: TD ( ) Delete
Name: MAYWEATHER, ROBERT EARL
Address: 12276 WEST HIGHWAY 40
City-St-Zip: OCALA, FL 34481

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAYMON WALLS PD 03/03/2009

Electronic Signature of Signing Officer or Director — Date