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98 FEB 24 PM 1:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004578 (9)**

1. Corporation 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
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3. Date Incorporated or Qualified

09/25/1995

4. FEI Number

59-1617740

Applied For

Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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

10. Name and Address of New Registered Agent

**STRICKLAND, ALINE
18527 HWY. 231
FOUNTAIN FL 32438**

81 Name GROVER Barbara J
82 Street Address (P.O. Box Number is Not Acceptable) 21521 Owenwood Rd 12341 OWENWOOD RD
83 City Fountain
84 State FL
85 Zip Code 32438

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 **BARBARA J. GROVER**

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

(NOTE: Registered Agent signature required when reinstating)

Barbara J Grover

2-23-98

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P	<input checked="" type="checkbox"/> DELETE
NAME PITZER, HERBERT	
STREET ADDRESS 20121 BRANDON RD	
CITY-ST-ZIP FOUNTAIN FL 32438	
TITLE V	<input type="checkbox"/> DELETE
NAME KOERNER, GARY	
STREET ADDRESS 17445 KOERNER RD	
CITY-ST-ZIP YOUNGSTOWN FL	
TITLE S	<input type="checkbox"/> DELETE
NAME STRICKLAND, ALINE	
STREET ADDRESS 18527 HIGHWAY 231	
CITY-ST-ZIP FOUNTAIN FL	
TITLE D	<input type="checkbox"/> DELETE
NAME GROVER, ELTON	
STREET ADDRESS OWEN WOOD	
CITY-ST-ZIP FOUNTAIN FL	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME BONNER, ROBERT	
STREET ADDRESS 21017 HURST RD	
CITY-ST-ZIP FOUNTAIN FL 32438	
TITLE D	<input checked="" type="checkbox"/> DELETE
NAME SMILEY, JIM	
STREET ADDRESS SCOTT RD.	
CITY-ST-ZIP FOUNTAIN FL 32438	

1.1 TITLE KOERNER, GARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME P17445 KOERNER RD.	
1.3 STREET ADDRESS YOUNGSTOWN FL	
1.4 CITY-ST-ZIP YOUNGSTOWN FL	
2.1 TITLE STRICKLAND, ALINE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME V 18527 HIGHWAY 231	
2.3 STREET ADDRESS FOUNTAIN, FL.	
2.4 CITY-ST-ZIP FOUNTAIN, FL.	
3.1 TITLE S GROVER, BARBARA	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Barbara J	
3.3 STREET ADDRESS OWENWOOD RD	
3.4 CITY-ST-ZIP FOUNTAIN, FL	
4.1 TITLE A. Alar	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME 2/24/98	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE D GREEN, ROBERT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME 12612 DAVIS ST	
5.3 STREET ADDRESS FOUNTAIN, FL	
5.4 CITY-ST-ZIP	
6.1 TITLE D Wynn, Paul	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME 20010 WARNOCK RD	
6.3 STREET ADDRESS FOUNTAIN, FL	
6.4 CITY-ST-ZIP	

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: **ELTON GROVER** **2-23-98** **850-722-9735**

CR2E037 (10/97)