FILE NOW: FILING FEE IS $61.25

FILED
Apr 13, 1999 8:00 am
Secretary of State
04-13-1999 90061 005 ****61.25

0076460

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000004578**

1. Corporation Name
GREEN HILLS COMMUNITY CENTER, INC.

Principal Place of Business	Mailing Address
17913 PARK PL. FOUNTAIN FL 32438	P.O. BOX 284 FOUNTAIN FL 32438

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	09/25/1995
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1617740 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
GROVER, BARBARA J 12341 OWENWOOD RD. FOUNTAIN FL 32438	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 _____ DATE
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	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	KOERNER, GARY		1.2 NAME		
STREET ADDRESS	17445 KOERNER RD.		1.3 STREET ADDRESS		
CITY-ST-ZIP	YOUNGSTOWN FL		1.4 CITY-ST-ZIP		
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	STRICKLAND, ALINE		2.2 NAME		
STREET ADDRESS	18527 HIGHWAY 231		2.3 STREET ADDRESS		
CITY-ST-ZIP	FOUNTAIN FL		2.4 CITY-ST-ZIP		
TITLE	S	☑ DELETE	3.1 TITLE		☑ Change ☐ Addition
NAME	STRICKLAND, ALINE		3.2 NAME	Barbara J. Grover	
STREET ADDRESS	18527 HIGHWAY 231		3.3 STREET ADDRESS	P.O. Box 111	
CITY-ST-ZIP	FOUNTAIN FL		3.4 CITY-ST-ZIP	Fountain, Fl. 32438	
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	GROVER, ELTON		4.2 NAME		
STREET ADDRESS	OWEN WOOD		4.3 STREET ADDRESS		
CITY-ST-ZIP	FOUNTAIN FL		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	GREEN, ROBERT		5.2 NAME		
STREET ADDRESS	12612 DAVIS ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	FOUNTAIN FL		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	WYNN, PAUL		6.2 NAME		
STREET ADDRESS	20010 WARNOCK RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	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, with all other like empowered.

SIGNATURE: Barbara J. Grover 4-7-99 850-722-9735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)