

2009 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT # N95000004578

1. Entity Name
GREEN HILLS COMMUNITY CENTER, INC.

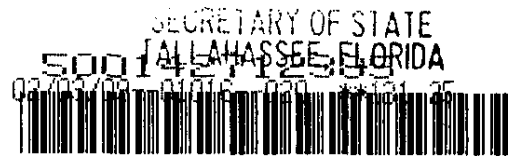


FILED

09 FEB -3 AM 9:19

Principal Place of Business
17913 PARK PL.
FOUNTAIN, FL 32438

Mailing Address
P.O. BOX 284
FOUNTAIN, FL 32438



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01202009 REINSTATEMENT 68-09

4. FEI Number
59-1617740

Applied For
Not Applicable

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

GALANT, MARJORIE
782 S SILVERLAKE ROAD
FOUNTAIN, FL 32438

Name JANE K. SOBERG

Street Address (P.O. Box Number is Not Acceptable)

7511 HWY 20

City YOUNGSTOWN

FL

Zip Code 32466

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

Jane K. Soberg

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

(NOTE: Registered Agent signature required when reinstating)

01.20.2009

DATE

FILE NOW!!! FEE IS \$122.50

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Make check payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | P | <input checked="" type="checkbox"/> Delete |
| NAME | NORTON, JEFF | |
| STREET ADDRESS | 13203 WEBER RD | |
| CITY-ST-ZIP | FOUNTAIN, FL 32138 | |
| TITLE | V | <input checked="" type="checkbox"/> Delete |
| NAME | WHITE, DAVID | |
| STREET ADDRESS | PO BOX 215 | |
| CITY-ST-ZIP | FOUNTAIN, FL 32438 | |
| TITLE | T | <input checked="" type="checkbox"/> Delete |
| NAME | TAYLOR, EVA | |
| STREET ADDRESS | PO BOX 149ER LAKE ROAD | |
| CITY-ST-ZIP | FOUNTAIN, FL 32438 | |
| TITLE | D | <input checked="" type="checkbox"/> Delete |
| NAME | MELLOR, FRED | |
| STREET ADDRESS | 15905 COUNTRY OAKS LANE | |
| CITY-ST-ZIP | FOUNTAIN, FL 32418 | |
| TITLE | D | <input type="checkbox"/> Delete |
| NAME | CRAWFORD, DIANE | |
| STREET ADDRESS | 19740 ROSS ROAD | |
| CITY-ST-ZIP | FOUNTAIN, FL 32438 | |
| TITLE | | <input type="checkbox"/> Delete |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

| | | |
|----------------|------------------------|--|
| TITLE | P | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | DONNA FOSTER | |
| STREET ADDRESS | 20231 MORROW RD. | |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | |
| TITLE | VP | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | SHERY DAVIS | |
| STREET ADDRESS | 19123 DEEP SPRINGS RD. | |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | |
| TITLE | T | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CAROLYN FREEMAN | |
| STREET ADDRESS | 10523 WESTERN RD. | |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | JANE K. SOBERG | |
| STREET ADDRESS | 7511 HWY 20 | |
| CITY-ST-ZIP | YOUNGSTOWN FL 32466 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ROBERT TAYLOR | |
| STREET ADDRESS | 10629 ALEX DR. | |
| CITY-ST-ZIP | FOUNTAIN FL 32438 | |
| TITLE | D | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | GARY KOERNER | |
| STREET ADDRESS | 17445 KOERNER RD. | |
| CITY-ST-ZIP | YOUNGSTOWN, FL 32466 | |

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

Jane K. Soberg

01.20.2009