

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000001964

**FILED**  
**Apr 29, 2016**  
**Secretary of State**  
**CC8957611440**

**Entity Name:** GARY AND JEANNIE GREEN FAMILY CHARITABLE FOUNDATION, INC.

**Current Principal Place of Business:**

4607 ASHBURN SQUARE DR  
TAMPA, FL 33610

**Current Mailing Address:**

PO BOX 190  
ST. THOMAS, VI 00804 VI

**FEI Number:** 27-5158782

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

TRUJILLO, KRISTINA H  
4607 ASHBURN SQUARE DR  
TAMPA, FL 33610 US

*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

**Officer/Director Detail :**

Title DPT  
Name GREEN, GARY L  
Address PO BOX 190  
City-State-Zip: ST. THOMAS VI 00804

Title DVPS  
Name GREEN, JEANNIE M  
Address PO BOX 190  
City-State-Zip: ST THOMAS VI 00804

Title D  
Name GREEN, KATHRYNNE H  
Address PO BOX 190  
City-State-Zip: ST. THOMAS VI 00804

Title D  
Name TRUJILLO, KRISTINA H  
Address 4607 ASHBURN SQUARE DR  
City-State-Zip: TAMPA FL 33610

*I hereby 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 all other like empowered.*

SIGNATURE: GARY L. GREEN

MANAGER

04/29/2016

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date