

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004376

Entity Name: GREEN PASTURES WORSHIP CENTER, INC.**Current Principal Place of Business:**1818 NW OLD BLITCHTON RD
OCALA, FL 34475**Current Mailing Address:**6480 N.W. 1ST AVENUE
OCALA, FL 34475 US**FEI Number: 52-2001876****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**WALLS, DAYMON L
6480 NW 1ST AVENUE
OCALA, FL 34475 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	P/D
Name	WALLS, DAYMON L
Address	6480 N.W. 1ST AVENUE
City-State-Zip:	OCALA FL 34475
Title	TREASURER, DIRECTOR
Name	MAYWEATHER, ROBERT EARL
Address	12276 WEST HIGHWAY 40
City-State-Zip:	OCALA FL 34481
Title	DIRECTOR
Name	CHAPPELL, DONNA GAIL
Address	813 NW 9TH STREET
City-State-Zip:	OCALA FL 34475

Title	DIRECTOR
Name	CARTER, LOUIS B
Address	850 N.W. 63RD PLACE
City-State-Zip:	OCALA FL 34475
Title	VP, SECRETARY, DIRECTOR
Name	WALLS, JOAN ANN
Address	6480 N.W. 1ST AVENUE
City-State-Zip:	OCALA FL 34475

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: JOAN ANN WALLS**VP, SECRETARY,
DIRECTOR****03/25/2022**_____
Electronic Signature of Signing Officer/Director Detail_____
Date