FILE !	NOW:	FIL	ING	FEE	IS	\$61.	.25
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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthan Secretary of State

DIVISION OF CORPORATIONS

1996

DOCI IMENT #

(0)

1. Corporation	GREEN COMMUNITY CLUB,	(*)		1 1840)) 1840	1880 BAN BARR BARN BAN BARN BARN BARN BARN
Principal Place	o of Business	Mailing Address			
RT 7 BOX 124 YULEE FL 32097 US		RT 7 BOX 124 YULEE FL 32097 US			
				3. Date Incorporated or Qualified 09/24/1975	3a. Date of Last Report 04/20/1995
21	lace of Business	2a. Mailing Address 26		4. FEI Number NOT APPLICABLE	Applied For Not Applicable
Suite, Apt. #, etc. 22		Suite, Apt #, etc.	personal distribution of the contract of the c		\$8.75 Additional Fee Required
City & State	9	City & State	<del></del>	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζιρ <b>24</b>	Country 25	Zip	Gountry 30	This corporation has liability to     Florida Statutes	
	9. Name and Address of Curren			10. Name and Address of New	
us ere	****		81 Name		
WHITE, RT 7 BC			82 Street	Address (P.O. Box Number is Not Accepta	ible)
	FL 32097		83		·
,	• • • • • • • • • • • • • • • • • • • •		<b>84</b> City		Ap Zin Cooks
			- '		FL 85 Zip Code
Or register	ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	aa Such change was admonzed ion 617.0503, Florida Statutes.	the above-named or by the corporation's Registered Agent signature in	orporation submits this statement for the puboard of directors. I hereby accept the app	pointment as registered agent. I am
12.	OFFICERS AND DIRECTORS		13.	AUDIDONS/CHANGES TO OF	DATE HICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1 1 TOLE	PO White And Hill 9694 Sand Hill 4460 + 132091	Z. Change ☐ Addition
NAME	WHITE, AMOS		1.2 NAM :	White Andaghill	inad
STREET ADDRESS	ROUTE 7 BOX 124		1 3 STRE: 1 ADDRESS	3694 3000	1 000
CITY-ST-ZIP TITLE	YULEE FL 32097-9807 VD	DELETE	1.4 CITY - S1 - ZIP 2.1 TITLE	411111 +1 30011	- 18'0']
NAME	MASON, FREDDIE	<u>Г</u> рессте	2.1 MILE 2.2 NAMI		Change Addition
STREET ADDRESS	RT 7 BOX 124		2.3 STREET ADDRESS		
CHTY-ST-ZIP	YULEE FL		2 4 CHY-ST-ZIP		
TITLE	SD	□ DELETE	3.1 TUTLE		Change Addition
NAME	MASON, IDA		3.2 NAME		
STREET ADDRESS	RT 7 BOX 124		3.3 STREET ADDRESS		
CITY-SI-ZIP	YULEE FL		3.4 CITY - S1 - ZIF		
TITLE	T	☐ DELETE	4 1 TIFLE		☐ Change ☐ Addition
NAME CIUSET ADDRESS	Albertee, Freedonia RT 7 BOX 124		4. 2 NAME		
STREET ADDRESS	YULEE FL		4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TOLCE FL	DELETE	51 TITLE		FI Conson FI Addition
NAME		Боист	5 2 NAME		Crange Addition
STREET ADDRESS			5.3 STHELT ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

A M 0 2 W A / L & SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18 Pril 25-96 325-442C

CR2E037 (12/95)