FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # 759947

(5)

GREEN MEADOWS CHURCH OF CHRIST, INC.

Principal Place	of Business	Mailing Address		*	
5881 SW 166T FT LAUDERDA		5881 SW 166TH AVE FT LAUDERDALE FL 333	331		
				3. Date Incorporated or Qualified 09/09/1981	3a. Date of Last Report 04/28/1995
2. Principal Pla	ce of Business	2a. Mailing Address 26		4. FEI Number 59-2142840	Applied For Not Applicab
Suite, Apt. #	f, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for i	
24	25	29	30	7,0.100	Yes 2/No
	9. Name and Address of Currer	nt Registered Agent	81 Name	10. Name and Address of New R	egistered Agent
4910 SW	STONE, JR 166TH AVE ERDALE FL 33331		82 Street Addi / 6 7	BRIAN GARTH ress (P.O. Box Number is Not Acceptab 46 HEMINGWAY DA	85 Zip Code
				LAUDERDALE	
11. Pursuant to	o the provisions of Sections 617.050; ed agent, or both, in the State of Flor	2 and 617.1508, Florida Statuti ida. Such change was authoriz	es, the above-named corpored by the corporation's boa	ration submits this statement for the pur ird of directors. I hereby accept the app	pose of changing its registered on bintment as registered agent. I am
familiar wit	th, and accept the obligations of, Sec	tion 617.0503, Florida Statutes	3.		,
SIGNATURE _	Brian Saite	/	OTE: Registered Agent signature require	od urban sa netatinat	rch 31, 1996
	Signature, typed or printed name of registered agen	IT and title if epplicable. INC	13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE	VD	DELETE	1.1 TITLE		Change Addition
NAME	MEARS, GEORGE		1.2 NAME		
STREET ADDRESS	6251 SW 18TH STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		1.4 CITY-ST-ZIP		
TITLE	SD	DELETE	2 1 TITLE		☐ Change ☐ Addition
NAME	Webb, Kent		2.2 NAME		
STREET ADDRESS	910 SW 129 WAY		2.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL		2. 4 CITY - ST - ZIP		
TITLE	TD	☐.DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	Garth, Brian		3.2 NAME		
STREET ADDRESS	16740 HEMINGWAY DRIVE		3.3 STREET ADDRESS		
CITY - ST - ZIP	FT LAUDERDALE FL	Mari etc	3.4. CITY-ST-ZIP		Change Additio
TITLE	PD VANDEDLAAN CHADLES	DELETE	4.1 TITLE		□ ovarige □ Auditio
NAME	VANDERLAAN, CHARLES		4 2 NAME		
STREET ADDRESS	17921 NW 81 AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Additio
THE		Пресет	5.2 NAME		
NAME STREET ADDRESS			5.3 STREET ADDRESS		
			5.4 CITY-ST-ZIP		
CITY-ST-ZIP TITLE		DELETE	6.1 TITLE		Change Additio
NAME		_	6.2 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY . CT . 7ID			6.4 CITY-ST-ZIP		
14. I do heret certify that		hual report or supplemental and noration or the receiver or trusts	nuai report is true and accur se empowered to execute th	for the exemption stated in Section 119 ate and that my signature shall have the his report as required by Chapter 617, F	

Marie 31, 1986 Dayline Phone