2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 24, 2005
Secretary of State

DOCUMENT# N00000001516

Entity Name: CLYDE F. GREEN FOUNDATION, INC.

Current Principal Place of Business:

2451 DORA AVE.
TAVARES, FL 32778

New Principal Place of Business:

Current Mailing Address:

2451 DORA AVE.
TAVARES, FL 32778

New Mailing Address:

FEI Number: 59-3645086 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GREEN, TIMOTHY J
2451 DORA AVE.
TAVARES, FL 32778 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title:	PD	( ) Delete
Name:	GREEN, TIMOTHY J	
Address:	33718 SPRING DRIVE	
City-St-Zip:	LEESBURG, FL 34788	
Title:	VD	( ) Delete
Name:	GREEN, DOLORES A	
Address:	9301 PINE MEADOWS CT.	
City-St-Zip:	ORLANDO, FL 32835	
Title:	STD	( ) Delete
Name:	BRADNER, JOE	
Address:	35224 ASSEMBLY AVE.	
City-St-Zip:	EUSTIS, FL 32726	
Title:	D	( ) Delete
Name:	GREEN, DAN	
Address:	106 LONG BRANCH	
City-St-Zip:	WINTER PARK, FL 32792	
Title:	D	( ) Delete
Name:	GREEN, MATT	
Address:	3217 KAYENTA CT.	
City-St-Zip:	ORLANDO, FL 32829	
Title:	D	( ) Delete
Name:	GREEN, MARK	
Address:	PO BOX 1118	
City-St-Zip:	RICHMOND HILLS, GA 31324	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: TIMOTHY J. GREEN PD 02/24/2005

Electronic Signature of Signing Officer or Director — Date