

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N00000001516

FILED
Apr 13, 2009
Secretary of State

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
33715 SPRING DRIVE
LEESBURG, FL 34777 US

Name and Address of New Registered Agent:

GREEN, TIMOTHY J
33715 SPRING DRIVE
LEESBURG, FL 34778 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: _____

04/13/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: GREEN, TIMOTHY J
Address: 33718 SPRING DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: V () Delete
Name: GREEN, DOLORES A
Address: 9301 PINE MEADOWS CT.
City-St-Zip: ORLANDO, FL 32835

Title: T () Delete
Name: WILLIAMS, KRISTY
Address: 4711 HERITAGE TRAIL
City-St-Zip: LEESBURG, FL 34748

Title: D (X) Delete
Name: JOHNSON, FRED
Address: 34 CAMINO REAL BLVD.
City-St-Zip: HOWEY-IN-THE-HILL, FL 34737

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: GREEN, TIMOTHY J PRESIDE
Address: 33718 SPRING DRIVE
City-St-Zip: LEESBURG, FL 34788

Title: V (X) Change () Addition
Name: GREEN, DOLORES A VICE PR
Address: 9301 PINE MEADOWS CT.
City-St-Zip: ORLANDO, FL 32835

Title: T (X) Change () Addition
Name: WILLIAMS, KRISTY G TREASUR
Address: 4711 HERITAGE TRAIL
City-St-Zip: LEESBURG, FL 34748

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

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: KRISTY WILLIAMS

T

04/13/2009

Electronic Signature of Signing Officer or Director

Date