

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 14, 2003 8:00 am
Secretary of State

07-14-2003 90328 049 ****61.25

DOCUMENT # N00000002188

1. Entity Name

GREEN CROSS PROJECTS INCORPORATED



Principal Place of Business

**1564 KEILY RUN
TALLAHASSEE FL 32301**

Mailing Address

**1564 KEILY RUN
TALLAHASSEE FL 32301**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3622621**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIGLEY, KATHLEEN R.
1564 KEILY RUN
TALLAHASSEE FL 32301**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	NORMAN, JIM	
STREET ADDRESS	3601 CACTUS DRIVE	
CITY-ST-ZIP	EDMOND OK 74074	
TITLE	VP	<input type="checkbox"/> Delete
NAME	THOMAS, KATHY	
STREET ADDRESS	2222 WEST 12TH STREET	
CITY-ST-ZIP	STILLWATER OK 74074	
TITLE	T	<input type="checkbox"/> Delete
NAME	BERNSTEIN-GOFF, SHEL	
STREET ADDRESS	102 PINE AVENUE	
CITY-ST-ZIP	WHEELING WV 26003	
TITLE	D	<input type="checkbox"/> Delete
NAME	FWLER, LYNN	
STREET ADDRESS	10064 SW 182 CT	
CITY-ST-ZIP	DUNNELLON FL 34432	
TITLE	D	<input type="checkbox"/> Delete
NAME	GILBERT, LARRY	
STREET ADDRESS	424 REPUBLIC STREET	
CITY-ST-ZIP	HENDERSON WV 89015	
TITLE	D	<input type="checkbox"/> Delete
NAME	KEYES, BENJAMIN	
STREET ADDRESS	320 VIRGINIA AVE	
CITY-ST-ZIP	BROOKSVILLE FL 34601	

TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Jay Martin	
STREET ADDRESS	100605. Land Avenue	
CITY-ST-ZIP	Oklahoma City OK 73159	
TITLE	President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **X Kathy H. Norman President**

405-372-1988

CR2E037 (10/02)