

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000012342

FILED
Mar 18, 2007
Secretary of State

Entity Name: ORIEN R. GREENE II FOUNDATION, INC.

Current Principal Place of Business:

7743 INDIA AVE #194
JACKSONVILLE, FL 32211

New Principal Place of Business:

Current Mailing Address:

7743 INDIA AVE #194
JACKSONVILLE, FL 32211

New Mailing Address:

221 NORTH HOGAN ST.
SUITE 343
JACKSONVILLE, FL 32202

FEI Number: 20-3952017

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GREENE, ORIEN SR
INDIA AVE #194
JACKSONVILLE, FL 32211 US

Name and Address of New Registered Agent:

GREENE, ORIEN SR
7743 INDIA AVE #194
JACKSONVILLE, FL 32211 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: _____

03/18/2007

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: WHITE, DOUG
Address: 7743 INDIA AVE #194
City-St-Zip: JACKSONVILLE, FL 32211

Title: D () Delete
Name: SIMPSON, SANDY
Address: 7743 INDIA AVE #194
City-St-Zip: JACKSONVILLE, FL 32211

Title: P () Delete
Name: GREENE, ORIEN R II
Address: 7743 INDIA AVE #194
City-St-Zip: JACKSONVILLE, FL 32211

Title: S () Delete
Name: GREENE, POINSETTA
Address: 7743 INDIA AVE #194
City-St-Zip: JACKSONVILLE, FL 32211

Title: T () Delete
Name: JOHNSON, SANTANA A W
Address: 7743 INDIA AVE #194
City-St-Zip: JACKSONVILLE, FL 32211

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: T (X) Change () Addition
Name: JOHNSON, SANTANA W
Address: 7743 INDIA AVE #194
City-St-Zip: JACKSONVILLE, FL 32211

I hereby certify that the information supplied with this filing does not qualify for the 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: SANTANA W. JOHNSON

T

03/18/2007

Electronic Signature of Signing Officer or Director

Date