SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 JUN 22 PM 2:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N06944 (5)

1. Corporation Name
THE GREEN BUTTERFLY VOLUNTEER ASSOCIATION, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
209-211 W. MIAMI AVE. VENICE FL 34285	209-211 W. MIAMI AVE. VENICE FL 34285

3. Date Incorporated or Qualified: 12/31/1984
3a. Date of Last Report: 03/22/1994
4. FEI Number: 59-2484365 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑ **FILING FEE IS $61.25**
8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

9. Name and Address of Current Registered Agent

ANDERSON, RALPH
109 ALGIERS DRIVE
VENICE FL 34293

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE		☐ Change ☐ Addition
NAME	ANDERSON, RALPH	12 NAME		
STREET ADDRESS	109 ALGIERS DRIVE	13 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	14 CITY-ST-ZIP		
TITLE	VD	21 TITLE	(VD)	☑ Change ☐ Addition
NAME	COLIE, WILLIAM	22 NAME	Walter Convey	
STREET ADDRESS	456 TERRAPIN ROAD	23 STREET ADDRESS	420 Beach Pk. Blvd	
CITY-ST-ZIP	VENICE FL	24 CITY-ST-ZIP	Venice, FL. 34285	
TITLE	SD	31 TITLE	Secretary (S/D)	☑ Change ☐ Addition
NAME	BACKLAS, SHIRLEY A.	32 NAME	Daisy Irene Boyle	
STREET ADDRESS	3168 JUNO RD.	33 STREET ADDRESS	426 Pendleton Dr	
CITY-ST-ZIP	VENICE FL	34 CITY-ST-ZIP	Venice, FL. 34293	
TITLE	T	41 TITLE		☐ Change ☐ Addition
NAME	DOWD, JOHN	42 NAME		
STREET ADDRESS	1521 S. TAMIAMI TR.	43 STREET ADDRESS		
CITY-ST-ZIP	VENICE FL	44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Ralph Anderson 6-16-95 941-497-1049
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0016006