

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 13, 2008 8:00 am
Secretary of State

03-13-2008 90040 007 ****70.00

DOCUMENT # N07000009577

1. Entity Name
GREEN INDUSTRIES INSTITUTE, INC.



Principal Place of Business
**1908 FANNIE DR.
TALLAHASSEE, FL 32303**

Mailing Address
**1908 FANNIE DR.
TALLAHASSEE, FL 32303**

2. Principal Place of Business - No P.O. Box #
2729 W. Washington Street
Suite, Apt. #, etc.

3. Mailing Address
PO Box 2694
Suite, Apt. #, etc.



03062008 Chg-NP CR2E037 (12/06)

City & State
Monticello, FL
Zip
32344
Country
US

City & State
Tallahassee, FL
Zip
32316
Country
US

4. FEI Number
216-1197818
Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**ALLBRITTON, GALE
1908 FANNIE DR.
TALLAHASSEE, FL 32303**

7. Name and Address of New Registered Agent

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

**Filing Fee is \$61.25
Due by May 1, 2008**

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

TITLE	D	<input type="checkbox"/> Delete
NAME	ALLBRITTON, GALE	
STREET ADDRESS	1908 FANNIE DR.	
CITY-ST-ZIP	TALLAHASSEE, FL 32303	
TITLE	D	<input type="checkbox"/> Delete
NAME	BOLUSKY, BEN	
STREET ADDRESS	1533 PARK CENTER DR.	
CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	D	<input type="checkbox"/> Delete
NAME	BYRD, PAUL	
STREET ADDRESS	8071 1DA RD.	
CITY-ST-ZIP	TALLAHASSEE, FL 32304	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Merry Mott	
STREET ADDRESS	1533 Park Center Dr	
CITY-ST-ZIP	Orlando, FL 32835	
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 exemptions contained 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 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:

Gale Allbritton **Gale Allbritton**

3.11.08

850.544.2187

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #