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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR -7 PM 1:53

DOCUMENT # N22718 (3)

1. Corporation Name
GREEN ISLE FOUNDATION, INC.

Principal Place of Business	Mailing Address
13435 GREEN ISLE TERRACE P.O. BOX 121400 CLERMONT FL 34712-8400	13435 GREEN ISLE TERRACE P.O. BOX 121400 CLERMONT FL 34712-8400

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 09/28/1987
3a. Date of Last Report: 04/29/1994
4. FEI Number: 59-2875235 ☐ 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* ☑ **$68.75** Supplemental *Fee Not Required*
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 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

BROWN, DONALD S.
13435 GREEN ISLE TERRACE
CLERMONT FL 32711

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Donald S. Brown DATE
(Signature and typed or printed name of registered agent and title if applicable) (Name of Registered Agent (Must be typed when reinstating))

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☐ Change ☒ Addition
NAME	ROBERTS, ARTHUR	1.2 NAME	PENNINGTON, SAMUEL
STREET ADDRESS	250 SOUTH MAIN AVENUE	1.3 STREET ADDRESS	14012 OLD HIGHWAY 50
CITY-ST-ZIP	GROVELAND FL	1.4 CITY-ST-ZIP	CLERMONT, FL 34711
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	WEBER, RICHARD	2.2 NAME	
STREET ADDRESS	1126 COUNTY ROAD 561A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	2.4 CITY-ST-ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DIANE T.	3.2 NAME	DS ☒
STREET ADDRESS	13435 GREEN ISLE TERRACE	3.3 STREET ADDRESS	STEWART, DOLORES
CITY-ST-ZIP	CLERMONT FL	3.4 CITY-ST-ZIP	8441 CORAL DRIVE CLERMONT, FL 34711
TITLE	COB	4.1 TITLE	☐ Change ☐ Addition
NAME	BROWN, DONALD S.	4.2 NAME	
STREET ADDRESS	13435 GREEN ISLE TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	4.4 CITY-ST-ZIP	
TITLE	DT	5.1 TITLE	☐ Change ☐ Addition
NAME	GRIFFITH, EDWARD W.	5.2 NAME	
STREET ADDRESS	12130 ELBERT ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	CLERMONT FL	5.4 CITY-ST-ZIP	
TITLE	VD	6.1 TITLE	☐ Change ☐ Addition
NAME	PENNINGTON, SAMUEL R	6.2 NAME	VD ☒
STREET ADDRESS	14012 OLD HIGHWAY 50	6.3 STREET ADDRESS	SMYTHE, ROBERT E.
CITY-ST-ZIP	CLERMONT FL	6.4 CITY-ST-ZIP	1119 ULOKAM AVE., CLERMONT, FL 34711

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)(i), 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: E. W. Griffith E. W. Griffith 3-2-95 904/429-4341
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Telephone Number)

0068777