1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N22718

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
Principal Place of Business The Principal Place of Busine	2a. Mailing Address

FILED Feb 24, 1999 8:00 am **Secretary of State**

02-24-1999 90181 028 ****61.25

Principal Plac	e of Business	Mailing Address					
13435 GREEN P.O. BOX 121- CLERMONT FI		13435 GREEN ISLE TERRACE P.O. BOX 121400 CLERMONT FL 34712-8400					
2 District	No. of Divisions	2a. Mailing Address			Date Incorporated or Qualifed		`
— ·	Place of Business	26. Walling Address			09/28/1987		
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			4. FEI Number	App	olied For
22		27			59-2875235		Applicable
City & Stat	te	City & State			5. Certificate of Status Desired	\$8.75 A	
23		28				Fee Rec	·
Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00 (Added to	, ,
24	9. Name and Address of Current	29 30			Trust Fund Contribution 10. Name and Address of New Registered		7 1005
	9. Name and Address of Current	Kedisieren Agent	81	Name	The state of the s		
ODOUBL :	DONALD O			01 111	(D.O. Day Number in Net Apportable)		
	Donald S. IEEN ISLE TERRACE		82	Street Add	ress (P.O. Box Number is Not Acceptable)		
	NT FL 32711		83				
OLLINO		_	84	City	F	85 Zip C	code
11. Pursuant	to the provisions of Sections 617,0502	and 617,1508, Florida Statutes,	the above	e-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the purpose of the pu	of changing its	registered
office or r	egistered agent, or both, in the State of	Flooda. Such change was autho	orized by	the corporati	on's board of directors. I hereby accept the app	ointment as reg	usterea
anont la		mas of meaction 617 Uous, Fiorida					
•	m ramiliar with, and accept the obligation	ASTOCK	DISALA	איי 2.	BROWN CHAIRMW OF THE BOARD	1/19/	99
agent. I a	Signature, typed or printed name of registered agent	and Hills applicable. (NOTE: Reg	DONA pistered Ageni	rus S.	BROWN CHAIRMW OF THE BOARD DATE	1/191	99_
SIGNATURE	X 1N 9712/1/ /1 1	and title applicable. (NOTE: Reg	DONA jistered Agent 13.	t signature require	BROWN CHAIRM OF THE BOARD Mothen reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	99 RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of cognitivity agent. OFFICERS AND	and Hills applicable. (NOTE: Reg	jistered Agent 13. 1.1 TITLE	t signature require	BROWN CHAIRM OF THE BOARD ADDITIONS/CHANGES TO OFFICERS A TP	1/191	99_
SIGNATURE 12. TITLE NAME	Signature, typed or printed narro (tregistered agent) OFFICERS AND P EDMUNDSON, BRUCE	and title applicable. (NOTE: Reg	istered Agent 13. 1.1 TITLE 1.2 NAME	t signature require	BROWN CHAIRM OF THE BOARD Mothen reinstating) ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTOR	99 RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of great-drop agent. OFFICERS AND P EDMUNDSON, BRUCE F O BOX 120465 N/A	and title applicable. (NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET	t signature require	BROWN CHAIRM OF THE BOARD DATE ADDITIONS/CHANGES TO OFFICERS A TP Block, Donald	ND DIRECTOR	99 RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sgnature, typed or printed name of registery agent OFFICERS AND PEDMUNDSON, BRUCE PLOY 120465 N/A CLERMONT FL 34712	and title applicable. (NOTE: Reg	13. 1.1 TITLE 1.2 NAME 1.3 STREET 1.4 CITY-SI	t signature require	BROWN CHAIRM OF THE BOARD ADDITIONS/CHANGES TO OFFICERS A TP Block, Donald 10343 Thompson Place	ND DIRECTOR	99 RS IN 12
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14. 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 annual report or suppliemental 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 is enamed on an adaptachment with all other like empowered.

6.4 CITY-ST-ZIP

6.2 NAME

6.3 STREET ADDRESS

DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE: EDWARD WINGELER

Heffron, C. James 9035 Mossy Oak Lane

Clermont, FL 34711

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