


FILE NOW: FILING FEE IS \$61.25

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

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

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N22718**

1. Corporation Name  
**GREEN ISLE FOUNDATION, INC.**

Principal Place of Business 13435 GREEN ISLE TERRACE P.O. BOX 121400 CLERMONT FL 34712-8400	Mailing Address 13435 GREEN ISLE TERRACE P.O. BOX 121400 CLERMONT FL 34712-8400
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>09/28/1987</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2875235</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
	Zip 29	Country 30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>BROWN, DONALD S.</b> 13435 GREEN ISLE TERRACE CLERMONT FL 32711		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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: Donald S. Brown DONALD S. BROWN CHAIRMAN OF THE BOARD 1/19/99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME EDMUNDSON, BRUCE		1.2 NAME	VP
STREET ADDRESS P O BOX 120465 N/A		1.3 STREET ADDRESS	Block, Donald
CITY-ST-ZIP CLERMONT FL 34712		1.4 CITY-ST-ZIP	10343 Thompson Place Clermont, FL 34711
TITLE <del>DT</del>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME STEWART, DOLORES		3.2 NAME	
STREET ADDRESS 8441 DORAL DR		3.3 STREET ADDRESS	
CITY-ST-ZIP CLERMONT FL		3.4 CITY-ST-ZIP	
TITLE COB	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 TR	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME GRIFFITH, EDWARD W.		5.2 NAME	TR
STREET ADDRESS 15009 GREEN VALLEY BLVD		5.3 STREET ADDRESS	Griffith, Edward W.
CITY-ST-ZIP CLERMONT FL 34711		5.4 CITY-ST-ZIP	15009 Green Valley Blvd Clermont, FL 34711
TITLE T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PIPER, MARGARET		6.2 NAME	T
STREET ADDRESS 12452 LAKE RIDGE CIR		6.3 STREET ADDRESS	Heffron, C. James
CITY-ST-ZIP CLERMONT FL 34711		6.4 CITY-ST-ZIP	9035 Mossy Oak Lane Clermont, FL 34711

14. I 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 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, with all other like empowered.

SIGNATURE: Edward W. Griffith **SIGNATURE REQUIRED** 1/19/99 (352) 429-4341  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/198)