


FILE NOW: FILING FEE IS \$61.25

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Feb 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
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		



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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BROWN, DONALD S. 13435 GREEN ISLE TERRACE CLERMONT FL 32711				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				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 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	VP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	EDMONDSON, BRUCE			1.2 NAME	Block, Donald		
STREET ADDRESS	P O BOX 120465 NA			1.3 STREET ADDRESS	10343 Thompson Place		
CITY-ST-ZIP	CLERMONT FL 34712			1.4 CITY-ST-ZIP	Clermont, FL 34711		
TITLE	DT	<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	TR	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GRIFFITH, EDWARD W.			5.2 NAME	Griffith, Edward W.		
STREET ADDRESS	15009 GREEN VALLEY BLVD			5.3 STREET ADDRESS	15009 Green Valley Blvd		
CITY-ST-ZIP	CLERMONT FL 34711			5.4 CITY-ST-ZIP	Clermont, FL 34711		
TITLE	T	<input checked="" type="checkbox"/> DELETE		6.1 TITLE	T	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	PIPER, MARGARET			6.2 NAME	Heffron, C. James		
STREET ADDRESS	12452 LAKE RIDGE CIR			6.3 STREET ADDRESS	9035 Mossy Oak Lane		
CITY-ST-ZIP	CLERMONT FL 34711			6.4 CITY-ST-ZIP	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 1/19/99 (352) 429-4341
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)