
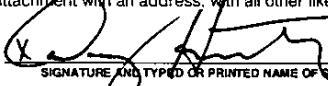


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2005 8:00 am
Secretary of State

05-02-2005 90557 030 ****61.25

| | | | | | |
|---|-------------------------------|--|---|---|-----------------------------------|
| DOCUMENT # N22718 | | | |  | |
| 1. Entity Name GREEN ISLE FOUNDATION, INC. | | | | | |
| Principal Place of Business 13435 GREEN ISLE TERRACE P.O. BOX 121400 CLERMONT, FL 34712-8400 | | | Mailing Address P.O. BOX 121400 CLERMONT, FL 34712-1400 | | |
| 2. Principal Place of Business | | | 3. Mailing Address | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | |
| City & State | | | City & State | | |
| Zip | Country | Zip | Country | 01112005 Chg-NP CR2E037 (10/03) | |
| 4. FEI Number 59-2875235 | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 5. Certificate of Status Desired <input type="checkbox"/> | | | | \$8.75 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | | 7. Name and Address of New Registered Agent | |
| SMITH, JANIS 2001 GRANADA BLVD. KISSIMMEE, FL 34746 | | | | 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ | | | | | |
| Filing Fee is \$61.25 Due by May 1, 2005 | | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| Make check payable to Florida Department of State | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
| TITLE | P | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SMITH, JANIS | | NAME | | |
| STREET ADDRESS | 2001 GRANADA BLVD. | | STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE, FL 34746 | | CITY-ST-ZIP | | |
| TITLE | COO | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | SMITH, GARY | | NAME | | |
| STREET ADDRESS | 2001 GRANADA BLVD | | STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE, FL 34746 | | CITY-ST-ZIP | | |
| TITLE | VP | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | HARTZOG, DANNY | | NAME | | |
| STREET ADDRESS | P.O. BOX 120486 | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLERMONT, FL 34712 | | CITY-ST-ZIP | | |
| TITLE | TR | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LINDSEY, GUY | | NAME | | |
| STREET ADDRESS | 2874 E. IRLO BRONSON MEM. HWY | | STREET ADDRESS | | |
| CITY-ST-ZIP | KISSIMMEE, FL 34744 | | CITY-ST-ZIP | | |
| TITLE | S | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | LAW, JULIA ESQ. | | NAME | | |
| STREET ADDRESS | 250 S. MAIN STREET | | STREET ADDRESS | | |
| CITY-ST-ZIP | GROVELAND, FL 34736 | | CITY-ST-ZIP | | |
| TITLE | T | <input type="checkbox"/> Delete | TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| NAME | BLOCK, DONALD | | NAME | | |
| STREET ADDRESS | 10343 THOMPSON PL | | STREET ADDRESS | | |
| CITY-ST-ZIP | CLERMONT, FL 34711 | | CITY-ST-ZIP | | |
| 12. 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 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:  | | | | Vice President | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | | Date: 1/19/05 (352)429-4341 | |
| | | | | Daytime Phone # | |