

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 26, 2007
Secretary of State**

DOCUMENT# N22718

Entity Name: GREEN ISLE FOUNDATION, INC.

Current Principal Place of Business:

13435 GREEN ISLE TERRACE
P.O. BOX 121400
CLERMONT, FL 347128400

New Principal Place of Business:

13702 GREEN ISLE TERRACE
CLERMONT, FL 347128400

Current Mailing Address:

P.O. BOX 121400
CLERMONT, FL 347121400

New Mailing Address:

FEI Number: 59-2875235 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SMITH, JANIS
2874 EAST IRLO BRONSON HIGHWAY
KISSIMMEE, FL 34742 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: SMITH, JANIS
Address: 2874 EAST IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34744

Title: COO () Delete
Name: SMITH, GARY
Address: 2874 EAST IRLO BRONSON HIGHWAY
City-St-Zip: KISSIMMEE, FL 34744

Title: VP () Delete
Name: HARTZOG, DANNY
Address: P.O. BOX 120486
City-St-Zip: CLERMONT, FL 34712

Title: TR/S () Delete
Name: FOSTER, ROBERT
Address: 2870 OLD CANOE CREEK RD
City-St-Zip: ST CLOUD, FL 34772

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DANNY HARTZOG

VP

04/26/2007

Electronic Signature of Signing Officer or Director

_____ Date