


**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 23, 2003 8:00 am
Secretary of State

01-23-2003 90126 038 ****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
**13435 GREEN ISLE TERRACE
P.O. BOX 121400
CLERMONT FL 34712-8400**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 121400
Suite, Apt. #, etc.

City & State
Clermont, FL

City & State
Clermont, FL

Zip
34712-1400

Country

4. FEI Number **59-2875235**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
**BROWN, DONALD S DVM
6235 WHIP-O-WILL LANE
SAINT CLOUD FL 34771**

7. Name and Address of New Registered Agent

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 *Donald S. Brown, DVM - Chairman* **Donald S. Brown, DVM Chairman of the Board** 1/21/03

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> Delete
NAME	BLOCK, DONALD	
STREET ADDRESS	10343 THOMPSON PLACE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	T	<input type="checkbox"/> Delete
NAME	WEBER, RICHARD	
STREET ADDRESS	1126 COUNTY ROAD 561A	
CITY-ST-ZIP	CLERMONT FL	
TITLE	VP	<input checked="" type="checkbox"/> Delete
NAME	EDMUNDSON, BRUCE	
STREET ADDRESS	13435 GREEN ISLE TERRACE	
CITY-ST-ZIP	CLERMONT FL 34711	
TITLE	COB	<input type="checkbox"/> Delete
NAME	BROWN, DONALD S.	
STREET ADDRESS	13435 GREEN ISLE TERRACE	
CITY-ST-ZIP	CLERMONT FL	
TITLE	TR	<input checked="" type="checkbox"/> Delete
NAME	GANT, JAMES	
STREET ADDRESS	6601 ROSE STREET	
CITY-ST-ZIP	GROVELAND FL 34736	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	HEFFRON, JAMES C	
STREET ADDRESS	9035 MOSSY OAK LANE	
CITY-ST-ZIP	CLERMONT FL 34711	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Piper, Margaret	
STREET ADDRESS	10342 Lake Louisa Rd.	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Hartzog, Danny	
STREET ADDRESS	P.O. Box 120486	
CITY-ST-ZIP	Clermont, FL 34712	
TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Block, Donald	
STREET ADDRESS	10343 Thompson Pl	
CITY-ST-ZIP	Clermont, FL 34711	
TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Law, Julia	
STREET ADDRESS	250 S. Main St.	
CITY-ST-ZIP	Groveland, FL 34736	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Edmundson, Bruce	
STREET ADDRESS	P.O. Box 120485	
CITY-ST-ZIP	Clermont, FL 34712	
TITLE	Trustee	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Weber, Richard	
STREET ADDRESS	1126 County Road 561 A	
CITY-ST-ZIP	Clermont, FL 34711	

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: *Donald S. Brown, DVM* 1/21/03 352/429-434

CR2E037 (10/02)