

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46320

FILED  
Jan 07, 2009  
Secretary of State

**Entity Name:** GREEN OAKS RETIREMENT COOPERATIVE, INC.

**Current Principal Place of Business:**

36133 EMERALDA AVE  
LEESBURG, FL 34788 US

**New Principal Place of Business:**

**Current Mailing Address:**

36133 EMERALDA AVE.  
BOX 8  
LEESBURG, FL 34788 US

**New Mailing Address:**

36133 EMERALDA AVE  
LEESBURG, FL 34788 US

**FEI Number:** 59-3098363

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SCHAEFER, ORVILLE  
10416 WATTS AVE.  
LEESBURG, FL 34788 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: TD ( ) Delete  
Name: ALLEN, GEORGE  
Address: 10449 WATTS AVE.  
City-St-Zip: LEESBURG, FL 34788

Title: PD ( ) Delete  
Name: SCHAEFER, ORVILLE  
Address: 10416 WATTS AVENUE  
City-St-Zip: LEESBURG, FL

Title: SD ( ) Delete  
Name: BRYSON, SHIRLY  
Address: 10411 WATTS AVE  
City-St-Zip: LEESBURG, FL 34788

**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:

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: ORVILLE SCHAEFER

PD

01/07/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date