

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004578 (9)

1. Corporation Name

GREEN HILLS COMMUNITY CENTER, INC.

Principal Place of Business

Mailing Address

17913 PARK PL.
FOUNTAIN FL 32438

P.O. BOX 284
FOUNTAIN FL 32438



3. Date Incorporated or Qualified

09/25/1995

3a. Date of Last Report

4. FEI Number

59-1617740

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRICKLAND, ALINE
18527 HWY. 231
FOUNTAIN FL 32438

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83

84 City

FL

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

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
NAME GREEN, RANDY
STREET ADDRESS 20732 DICKERSON RD.
CITY-ST-ZIP FOUNTAIN FL 32438

☒ DELETE

TITLE V
NAME DARNELL, ANITA
STREET ADDRESS 19639 ROSE RD.
CITY-ST-ZIP FOUNTAIN FL 32438

☐ DELETE

TITLE S
NAME STRICKLAND, ALINE
STREET ADDRESS 18527 HWY 231
CITY-ST-ZIP FOUNTAIN FL 32438

☒ DELETE

TITLE T
NAME DAGNAN, INA
STREET ADDRESS 13824 SKYLANE DR.
CITY-ST-ZIP FOUNTAIN FL 32438

☐ DELETE

TITLE D
NAME BONNER, ROB
STREET ADDRESS 21017 HURST RD.
CITY-ST-ZIP FOUNTAIN FL 32438

☐ DELETE

TITLE D
NAME SMILEY, JIM
STREET ADDRESS SCOTT RD.
CITY-ST-ZIP FOUNTAIN FL 32438

☐ DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

P

Pitzer, Herbert

20121 Brandon Rd.

Fountain, Fla. 32438

☐ Change

☒ Addition

☐ Change

☐ Addition

☐ Change

☒ Addition

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☐ Change

☐ Addition

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: HERBERT E. PITZER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 23,

Date

904-722-8158

Daytime Phone #

CR2E037 (12/95)