


FILE NOW: FILING FEE IS \$61.25

FILED

Apr 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 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 17913 PARK PL. FOUNTAIN FL 32438		Mailing Address P.O. BOX 284 FOUNTAIN FL 32438-0284	
2. Principal Place of Business 21		2a. Mailing Address 26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22 City & State		27 City & State	
23 Zip		28 Zip	
Country		Country	
24		29	
25		30	
9. Name and Address of Current Registered Agent STRICKLAND, ALINE 18527 HWY. 231 FOUNTAIN FL 32438		10. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	P	<input type="checkbox"/> DELETE	
NAME	PITZER, HERBERT		
STREET ADDRESS	20121 BRANDON RD		
CITY-ST-ZIP	FOUNTAIN FL 32438		
TITLE	V	<input checked="" type="checkbox"/> DELETE	
NAME	DARNELL, ANITA		
STREET ADDRESS	19639 ROSE RD.		
CITY-ST-ZIP	FOUNTAIN FL 32438		
TITLE	S	<input checked="" type="checkbox"/> DELETE	
NAME	POWELL, JOYCE		
STREET ADDRESS	12639 DAVES RD		
CITY-ST-ZIP	FOUNTAIN FL 32438		
TITLE	T	<input type="checkbox"/> DELETE	
NAME	DAGNAN, INA		
STREET ADDRESS	13824 SKYLANE DR.		
CITY-ST-ZIP	FOUNTAIN FL 32438		
TITLE	D	<input checked="" type="checkbox"/> DELETE	
NAME	BONNER, ROB		
STREET ADDRESS	21017 HURST RD.		
CITY-ST-ZIP	FOUNTAIN FL 32438		
TITLE	D	<input type="checkbox"/> DELETE	
NAME	SMILEY, JIM		
STREET ADDRESS	SCOTT RD.		
CITY-ST-ZIP	FOUNTAIN FL 32438		
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY-ST-ZIP			
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
2.2 NAME	V KOERNER, GARY		
2.3 STREET ADDRESS	17445 KOERNER RD.		
2.4 CITY-ST-ZIP	YOUNGSTOWN FL 32466		
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
3.2 NAME	Sec Strickland, Aline		
3.3 STREET ADDRESS	18527 Highway 231		
3.4 CITY-ST-ZIP	Fountain, Fla. 32438		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
5.2 NAME	K. Director		
5.3 STREET ADDRESS	Grover, Elton		
5.4 CITY-ST-ZIP	Gwenwood		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
6.2 NAME	Fountain, Fla. 32438		
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			
14. I do 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 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: <i>[Signature]</i> 4-9-97 904-722-8158			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)