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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000004578 (9)

GREEN HILLS COMMUNITY CENTER, INC.

FILED Apr 18 1997 8:00am Secretary of State

Principal Place of Business Mailing Address									
Principal Place of Bu	rsinėss	Mailing Address					46114 B1897 B1111 18	*** **** ****	
17813 PARK PL. P.O. BOX 284 FOUNTAIN FL 32438 FOUNTAIN FL 32438-0284			4			}			
						3. Date incorporated or Qualified 3a. 09/25/1995	Date of Last F 05/20/199		
2. Principal Place of	Business	2a. Mailing Address			 	4. FEI Number		plied For	
21		26	Suite, Apt. #, etc.			59-16-177-40		t Applicable	
Suite, Apt #, etc.		<u> </u>				5. Certificate of Status Desired	• • • • •	\$8.75 Additional Fee Regulred	
City & State		City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zip		intry		8. This corporation has liability for intangit		. 199,032,	
24	25	29	30	·		Florida Statutes Yes			
у. г	Name and Address of Cur	rent Hegistered Agent		81	Name	10. Name and Address of New Registers	u Agent		
OTDIONI AND	A1 1A1C		1						
STRICKLAND, ALINE				82	Street Addre	Address (P.O. Box Number is Not Acceptable)			
18527 HWY. 231 FOUNTAIN FL 32438				83					
FOUNTAIN FL	32430		•						
			,	84	City	F	85 Zip	Code	
11. Pursuant to the t	provisions of Sections 617.0	0502 and 617, 1508. Florida Str	tutes, the a	bove-	named corp	•	- ((s registered	
office or register	ed agent, or both, in the States and accept the ob-	ate of Florida. Such change wa	as authorize	d by t	he corporati	oration submits this statement for the purpose ion's board of directors. I hereby accept the a	ppointment as	registered	
	nar with, and accept the oo	algations of, Section 617.0505,	i ionua stat	ioies.					
SIGNATURESignature	e, typed or printed name of registered	agent and title if applicable (I	NOTE: Registere	d Agent	signature require	ed when reinstating) DATE			
12.	OFFICERS (AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12	
TITLE P		☐ DELETE	1.1 Ti	TLE	- T		☐ Change	☐ Addition	
NAME PITZ	ZER, HERBERT		1.2 N	AME	- {				
STREET ADDRESS 2012	21 Brandon RD		1.3 S	TREET A	DORESS				
CHY-ST-ZIP FOU	INTAIN FL 32438		140	TU OT	a				
			1.7 0	ITY-ST-	ZIP				
TITLE V		DELETE	2,1 Tr		1	,	Change	Addition	
NAME DAR	RNELL, ANITA	DELETE		TLE	1	, (derner gary	Change	Addition	
NAME DAR STREET ADDRESS 1963	39 ROSE RD.	L DELETE	2.1 T/ 2.2 N/	TLE AME	DORESS P	GERNER GARY 1445 KOERNER RD.	₽ Change	Addition	
NAME DAR STREET ADDRESS 1963 CITY-ST-ZIP FOU		_	2.1 TI 2.2 NI 23 Si 2. 4 C	TLE AME TREET A CITY-ST	DORESS P	KOERNER GARY 7445 KOERNER RD. OUNGSTOWN FL 32466			
NAME DAR STREET ADDRESS 196: FOU TITLE S	39 ROSE RD. INTAIN FL 32438	DELETE	2,1 Ti 2,2 Ni 2,3 Si 2,4 Ci 3,1 Ti	TLE AME TREET A CITY-ST ITLE	DORESS I	bungstown Fl 32466	Change	Addition	
NAME DAR STREET ADDRESS 1960 CITY-ST-ZIP FOU TITLE S NAME POV	39 ROSE RD. JNTAIN FL 32438 WELL, JOYCE	_	2.1 Ti 2.2 Ni 23 Si 2.4 Ci 3.1 Ti 3.2 Ni	TLE AME TREET A CITY - ST ITLE AME	DORESS I	bungstown Fl 32466			
NAME DAR STREET ADDRESS 1963 CITY-SI-ZIP FOU TITLE S NAME POV STREET ADDRESS 1263	39 ROSE RD. JNTAIN FL 32438 WELL, JOYCE 39 DAVIES RD	_	2.1 TI 22 NI 23 S' 2. 4 C 3.1 TI 3.2 NI 9.3 S'	THE AME TREET A CITY-ST ITLE AME TREET A	DORESS I	bungstown Fl 32466			
NAME DAR STREET ADDRESS 196% FOU TITLE S NAME POY STREET ADDRESS 126% CITY-S1-ZIP FOU	39 ROSE RD. JNTAIN FL 32438 WELL, JOYCE	[Let DELETE	2.1 TI 2.2 NI 23 S 2.4 C 3.1 TI 3.2 NI 9.3 S 3.4 C	THE AME TREET A OTTY-ST THE TREET A OTTY-ST	DORESS I	bungstown fl 32466	4 Change	☐ Addition	
NAME DAR STREET ADDRESS 196% FOU TITLE S POY STREET ADDRESS 126% CITY-ST-ZIP FOU TITLE T	39 ROSE RD. JNTAIN FL 32438 WELL, JOYCE 39 DAVIES RD JNTAIN FL 32438	_	2.1 TI 2.2 NI 23 S' 2.4 C 3.1 TI 3.2 NI 9.3 S' 3.4 C 4.1 TI	THE AME TREET A CITY-ST THE AME TREET A CITY-ST	DORESS I	bungstown Fl 32466			
NAME DAR STREET ADDRESS 196% CITY-S1-ZIP FOU TITLE S NAME POY STREET ADDRESS 126% CITY-S1-ZIP FOU TITLE T NAME DAG	39 ROSE RD. JINTAIN FL 32438 WELL, JOYCE 39 DAVIES RD JINTAIN FL 32438 GNAN, INA	[Let DELETE	2.1 TI 22 Ni 23 S' 2.4 C 3.1 TI 3.2 Ni 3.3 S 3.4 C 4.1 TI 4.2 Ni	THE AME TREET A CITY-ST THE TREET A CITY-ST THE TREET A	DORESS - ZIP Y	bungstown Fl 32466	4 Change	☐ Addition	
NAME DAR STREET ADDRESS 196% CITY-ST-ZIP FOU TITLE S NAME POY TITLE T NAME DAG STREET ADDRESS 138% STREET ADDRESS 138%	39 ROSE RD. JINTAIN FL 32438 WELL, JOYCE 39 DAVIES RD JINTAIN FL 32438 GNAN, INA 24 SKYLANE DR.	[Let DELETE	2.1 TI 22 NI 23 S' 2.4 C 3.1 TI 3.2 NI 9.3 S 3.4 C 4.1 TI 4.2 NI 4.3 S	THE TREET A TREET A TREET A TREET A THE TREET A THE TREET A THE TREET A	DORESS - ZIP ZES	bungstown Fl 32466	4 Change	☐ Addition	
NAME DAR STREET ADDRESS 196% CITY-ST-ZIP FOU TITLE S NAME POY TITLE T TITLE T NAME DAG STREET ADDRESS 1383 CITY-ST-ZIP FOU TITLE T NAME T DAG STREET ADDRESS 1383	39 ROSE RD. JINTAIN FL 32438 WELL, JOYCE 39 DAVIES RD JINTAIN FL 32438 GNAN, INA	[L DELETE	2.1 TI 22 Ni 23 S' 2.4 C 3.1 TI 3.2 Ni 3.3 S 3.4 C 4.1 TI 4.2 Ni 4.3 S 4.4 C	THE TREET A TREET A TREET A CITY-ST THE TREET A TREET A TREET A TREET A	DORESS - ZIP ZES	bungstown Fl 32466	Change ☐ Change	☐ Addition	
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NAME DAR STREET ADDRESS 196% CITY-SI-ZIP FOU TITLE S NAME POV STREET ADDRESS FOU TITLE T NAME DAG STREET ADDRESS 1382 CITY-SI-ZIP FOU TITLE DAG STREET ADDRESS DITY-SI-ZIP FOU TITLE D NAME DAG BON	39 ROSE RD. JINTAIN FL 32438 WELL, JOYCE 39 DAVIES RD JINTAIN FL 32438 GNAN, INA 24 SKYLANE DR. JINTAIN FL 32438	[L DELETE	2.1 TI 22 NN 23 S' 2.4 C 3.1 TI 3.2 NN 3.3 S 3.4 C 4.1 TI 4.2 NN 4.3 S 4.4 C 5.1 TI 5.2 NN	THE AME TREET A CITY-ST THE TREET A CITY-ST THE TREET A THEET A THEET A THEET A THEET A	DORESS - ZIP DORESS - ZIP	bungstown Fl 32466 Frickland, Aline 18627 Highway 231 Fountain, Pla. 32438	Change Change	☐ Addition	
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4. 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; the 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.

While LAND TYPED ON PRINTED NAME OF SIGNING OFFICE ON DIRECTOR

4-9-97 906-722-8158

Daytime Phone #0010434