

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N95000004578

1. Entity Name

GREEN Hills Community Center, Inc.

Principal Place of Business

Mailing Address

17913 Park Pl.
Fountain, FL 32438

P.O. Box 284
Fountain FL
32438-0284

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1617740

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

FILED

01 MAY -7 PM 2:21

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

6. Name and Address of Current Registered Agent

Joyce L. Powell
12639 Davies Rd
Fountain FL 32438

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

488884342454

-05/05/01--01039--001

City

****FL Zip Code****51.25

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.

SIGNATURE

Joyce L. Powell (S)

Joyce L Powell

4/24/01

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE	P	☐ Delete
NAME	<u>Koerner, Gary</u>	
STREET ADDRESS	<u>17445 Koerner Rd.</u>	
CITY-ST-ZIP	<u>Youngs Town FL.</u>	
TITLE	V	☒ Delete
NAME	<u>Strickland, Aline</u>	
STREET ADDRESS	<u>18337 Highway 231</u>	
CITY-ST-ZIP	<u>Fountain, FL.</u>	
TITLE	S	☐ Delete
NAME	<u>Joyce L. Powell</u>	
STREET ADDRESS	<u>12639 Davies Rd</u>	
CITY-ST-ZIP	<u>Fountain FL. 32438</u>	
TITLE	T	☒ Delete
NAME	<u>Bea Dagna</u>	
STREET ADDRESS	<u>13824 Skyline Dr</u>	
CITY-ST-ZIP	<u>Fountain FL</u>	
TITLE	D	☒ Delete
NAME	<u>Wynn, Paul</u>	
STREET ADDRESS	<u>20010 Warnock Rd</u>	
CITY-ST-ZIP	<u>Fountain, FL.</u>	
TITLE	D	☒ Delete
NAME	<u>Carl Thoma</u>	
STREET ADDRESS	<u>17834 La Fountain Dr</u>	
CITY-ST-ZIP	<u>Fountain, FL. 32438</u>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	V	☒ Change ☐ Addition
NAME	<u>Fred Mellor</u>	
STREET ADDRESS	<u>15905 Country Oaks Ln.</u>	
CITY-ST-ZIP	<u>Fountain, FL. 32438</u>	
TITLE	T	☒ Change ☐ Addition
NAME	<u>Elizabeth St. Germain</u>	
STREET ADDRESS	<u>11541 Harrington Rd</u>	
CITY-ST-ZIP	<u>Fountain FL. 32438</u>	
TITLE	D	☒ Change ☐ Addition
NAME	<u>Koerner, Kyle</u>	
STREET ADDRESS	<u>17445 Koerner Rd</u>	
CITY-ST-ZIP	<u>Fountain FL. 32438</u>	
TITLE	D	☒ Change ☐ Addition
NAME	<u>Phyllis Burgess</u>	
STREET ADDRESS	<u>12028 Harrington Rd</u>	
CITY-ST-ZIP	<u>Fountain, FL. 32438</u>	
TITLE	D	☐ Change ☒ Addition
NAME	<u>Herrell, Steve</u>	
STREET ADDRESS	<u>12029 Harrington Rd</u>	
CITY-ST-ZIP	<u>Fountain FL 32438</u>	

SP

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: Joyce L Powell Joyce L Powell (S) 4/24/01 (850) 222-1601

SIGNATURE AND TYPED OR PRINTED NAME OF BUSINESS OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)