

2002 UNIFORM BUSINESS REPORT (UBR)**DOCUMENT # N95000004578**

1. Entity 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**

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

6. Name and Address of Current Registered Agent

**POWELL, JOYCE L.
12639 DAVIES RD
FOUNTAIN FL 32438**

7. Name and Address of New Registered Agent

Name **Marjorie Galant**Street Address (P.O. Box Number is Not Acceptable)
782 S. Silver Lake Rd.City **Fountain****FL**Zip Code
32438

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 **Marjorie Galant**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

3/21/02**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 NAME STREET ADDRESS CITY-ST-ZIP	P KOERNER, GARY 17445 KOERNER RD YOUNGSTOWN FL	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MELLOR, FRED 15905 COUNTRY OAKS LN FOUNTAIN FL 32738	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GEYMAIR, ELIZABETH S 11541 HARRINGTON RD FOUNTAIN FL 32438	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S POWELL, JOYCE L 12639 DAVIES RD FOUNTAIN FL 32438	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KOERNER, KYLE 17445 KOERNER RD FOUNTAIN FL 32438	<input type="checkbox"/> Delete
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BURGESS, PHYLISS 12028 HARRINGTON RD FOUNTAIN FL 32438	<input type="checkbox"/> Delete
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11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	T Galant, Marjorie 782 S. Silver Lake Road Fountain FL 32438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Hunt, Cheryl 6080 Ard Dr Youngstown FL	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Herrell, Steve 12029 Harrington Rd Fountain FL 32438	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: **Marjorie Galant**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**3-21-02** **850-722-4651**
Date Daytime Phone #**FILED**
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90005 032 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)

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