

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 15, 2006 08:00 AM
Secretary of State

DOCUMENT # N96000004376

1. Entity Name
GREEN PASTURES WORSHIP CENTER, INC.



Principal Place of Business
**1818 NW BLITCHTON RD
OCALA, FL 34475 US**

Mailing Address
**6480 N.W. 1ST AVENUE
OCALA, FL 34475 US**



01102008 No Chg-NP CR2EQ37 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
52-2001876

Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**WALLS, DAYMON L
6480 NW 1ST AVENUE
OCALA, FL 34475**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE Daymon L. Walls (PD) Daymon L. Walls
Signature, typed or printed name of registered agent and file if applicable. (NOTE: Registered Agent signature required when reinstating)

02-12-06
DATE

**Filing Fee is \$61.25
Due by May 1, 2006**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WALLS, DAYMON L 6480 N.W. 1ST AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSD WALLS, JOAN ANN 6480 N.W. 1ST AVENUE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GREENE, LOUIS B 850 N.W. 63RD PLACE OCALA, FL 34475
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD MAYWEATHER, ROBERT EARL 12276 WEST HIGHWAY 40 OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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02/25/06-80001-008 70.00

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Daymon L. Walls Daymon L. Walls 02-12-06 (352) 364-9396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Overtime Phone #