

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 26, 2008 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



02182008 No Chg-NP

CR2E037 (4/06)

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

Daymon L. Walls
(NOTE: Registered Agent signature required when reinstating)

2/24/2008
DATE

Filing Fee is \$61.25
Due by May 1, 2008

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD
NAME WALLS, DAYMON L
STREET ADDRESS 6480 N.W. 1ST AVENUE
CITY-ST-ZIP Ocala, FL 34475

TITLE VPSD
NAME WALLS, JOAN ANN
STREET ADDRESS 6480 N.W. 1ST AVENUE
CITY-ST-ZIP Ocala, FL 34475

TITLE T
NAME GREENE, LOUIS B
STREET ADDRESS 850 N.W. 63RD PLACE
CITY-ST-ZIP Ocala, FL 34475

TITLE TD
NAME MAYWEATHER, ROBERT EARL
STREET ADDRESS 12276 WEST HIGHWAY 40
CITY-ST-ZIP Ocala, FL 34481

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U00000840365
03/06/08-80046-004 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: *Joan Ann Walls*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/2008 *(352)3699396*
Date Daytime Phone #