

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90017 037 ****61.25

DOCUMENT # N97000000777 ✓

1. Corporation Name

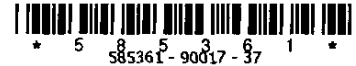
GREENE AND GREENE COMMUNITY DEVELOPMENT, INC.

Principal Place of Business

1241 WEST THIRD STREET
RIVIERA BEACH FL 33419

Mailing Address

P. O. BOX 9515
RIVIERA BEACH FL 33419
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		02/11/1997	
2 City & State		27 City & State		4. FEI Number	
3 Zip		28 Zip		65-0722803	
Country		Country		Applied For	
25		30		Not Applicable	
9. Name and Address of Current Registered Agent				5. Certificate of Status Desired	
GREENE, OLIVER L				8.75 Additional Fee Required	
1241 WEST THIRD STREET				6. Election Campaign Financing	
RIVIERA BEACH FL 33419				Trust Fund Contribution	
				5.00 May Be Added to Fees	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				FL 85 Zip Code	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GREENE, OLIVER L	1.2 NAME	
STREET ADDRESS	1241 WEST THIRD STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	RIVIERA BEACH FL 33419	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	HOOKE, LEE A	2.2 NAME	
STREET ADDRESS	3802 WESTVIEW AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 32407	2.4 CITY-ST-ZIP	
TITLE	TD	3.1 TITLE	
NAME	CLAYTON, JOHN E	3.2 NAME	
STREET ADDRESS	1015 ADAM STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

4. 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 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; 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Oliver L Greene
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/1/99
Date

561-842-7276
Daytime Phone #

CR2E037 (5/99)