

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jul 14, 2003 8:00 am**  
**Secretary of State**

07-14-2003 90328 049 \*\*\*\*61.25

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**DOCUMENT # N00000002188**

1. Entity Name

**GREEN CROSS PROJECTS INCORPORATED**



Principal Place of Business

**1564 KEILY RUN  
TALLAHASSEE FL 32301**

Mailing Address

**1564 KEILY RUN  
TALLAHASSEE FL 32301**

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 **59-3622621**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FIGLEY, KATHLEEN R.  
1564 KEILY RUN  
TALLAHASSEE FL 32301**

Name

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

City

**FL**

Zip Code

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

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>P</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>NORMAN, JIM</b>	
STREET ADDRESS	<b>3601 CACTUS DRIVE</b>	
CITY-ST-ZIP	<b>EDMOND OK 74074</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>THOMAS, KATHY</b>	
STREET ADDRESS	<b>2222 WEST 12TH STREET</b>	
CITY-ST-ZIP	<b>STILLWATER OK 74074</b>	
TITLE	<b>T</b>	<input type="checkbox"/> Delete
NAME	<b>BERNSTEIN-GOFF, SHEL</b>	
STREET ADDRESS	<b>102 PINE AVENUE</b>	
CITY-ST-ZIP	<b>WHEELING WV 28003</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>FOWLER, LYNN</b>	
STREET ADDRESS	<b>10064 SW 182 CT</b>	
CITY-ST-ZIP	<b>DUNNELLON FL 34432</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GILBERT, LARRY</b>	
STREET ADDRESS	<b>424 REPUBLIC STREET</b>	
CITY-ST-ZIP	<b>HENDERSON WV 89015</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>KEYES, BENJAMIN</b>	
STREET ADDRESS	<b>320 VIRGINIA AVE</b>	
CITY-ST-ZIP	<b>BROOKSVILLE FL 34601</b>	

TITLE	<b>Treasurer</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>Jay Martin</b>	
STREET ADDRESS	<b>100605 Land Avenue</b>	
CITY-ST-ZIP	<b>Oklahoma City OK 73159</b>	
TITLE	<b>President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Vice President</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<b>Secretary</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: **X Kathy Hirsfelder President**

**405-372-1988**

CR2E037 (10/02)