FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -6 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 702579 (4)

1. Corporation Name

GOLDEN TRIANGLE COMMUNITY CHAPEL, INC.

Principal Place of Business	Mailing Address
3601 W US OLD 441 MT. DORA FL 32757	3601 W US OLD 441 MT. DORA FL 32757

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/21/1961
3a. Date of Last Report: 02/10/1994
4. FEI Number: 59-2506154 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

RAAB, JERRY
173 BUCCANEER DR
LEESBURG FL 34788

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	VP	☒ Change ☐ Addition
NAME	GREEN, DONALD	1.2 NAME	GREEN, DONALD	
STREET ADDRESS	995 GOLDEN ISLE DRIVE	1.3 STREET ADDRESS	41312 CR 452	
CITY-ST-ZIP	MT DORA, FL 00000	1.4 CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	T	2.1 TITLE	SECRETARY	☐ Change ☒ Addition
NAME	NICHOLS,NANCY	2.2 NAME	GREEN, MAXINE	
STREET ADDRESS	1140 HOLLY DRIVE	2.3 STREET ADDRESS	41312 CR $$0	
CITY-ST-ZIP	MT DORA, FL 00000	2.4 CITY-ST-ZIP	LEESBURG, FL 34788	
TITLE	P	3.1 TITLE		☐ Change ☐ Addition
NAME	RAAB, JERRY	3.2 NAME		
STREET ADDRESS	173 BUCCANEER DRIVE	3.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	WALKER, DAVID	4.2 NAME		
STREET ADDRESS	244 WEST WARD	4.3 STREET ADDRESS		
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	WHITAKER, ROBERT	5.2 NAME		
STREET ADDRESS	2102 KEN CT.	5.3 STREET ADDRESS		
CITY-ST-ZIP	MT DORA, FL 00000	5.4 CITY-ST-ZIP		
TITLE	VP	6.1 TITLE	D	☒ Change ☐ Addition
NAME	SAM PETERSON	6.2 NAME	PETERSON, SAM	
STREET ADDRESS	10200 SILVER BLUFF DRIVE	6.3 STREET ADDRESS	10200 SILVER BLUFF DRIVE	
CITY-ST-ZIP	LEESBURG FL	6.4 CITY-ST-ZIP	LEESBURG, FL 34788	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Nancy R. Nichols Treasurer NANCY R. NICHOLS 2-24-95 904-383-4161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0001016