					٥.	/-					
FILE NOW: FILI  NONPROFIT CORPORATION ANNUAL REPORT  1996			DW: FILING	FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State DIVISION OF CORPORATIONS							
			702579	(4)		-					
1.	OCUME Corporation Nan	ne	• •	` '				·			
	GOLDEN	TRIANGLE	COMMUNITY C	HAPEL, INC.							
Principal Place of Business Mailing Address											
3601 W US OLD 441				3601 W US OLD 441 MT. DORA FL 32757							
MT. DORA FL 32757				MI. DONA TE 32/3/			3. Date Incorporated or Qualified 06/21/1961	3a. Dat	e of Last Rep 03/06/199	5	
_	Principal Place	of Business		2a. Mailing Address				4. FEI Number 59-2506154		<u> </u>	Applicable
2. 21	Principal Place	UI Dusiness		26						\$8.75 A	dditional
	Suite, Apt. #, e	tc.		Suite, Apt. #, etc.				Certificate of Status Desired		Fee Re	
City & State				City & State				Election Campaign Financing     Trust Fund Contribution	<u> </u>	\$5.00 Added t	o Fees
23				28 Zip	1	Country		8. This corporation has liability f	or intangible ta	x under s. 19	99.032,
-	Zip	25	Country	29	30			Florida Statutes  10. Name and Address of Nev			
24		9. Name and	Address of Current	Registered Agent		81	Name				
	RAAB, JERRY 173 BUCCANEER DR LEESBURG FL 34788			82 Stree 83			Street Ad	David Walker dress (P.O. Box Number is Not Accep 244 W Ward		85 327	Cogle
•						84	City	Eustis	FL	327	aistered office
-  -	<ol> <li>Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the or registered agent, or both, in the State of Florida. Such change was authorized by the familiar with, and accept the obligations of Section 617.0503, Florida Statutes.</li> </ol>						imed corp ration's bo	oration submits this statement for the pard of directors. I hereby accept the	appointment as	registered a	agent. I am
1		,	rinted name of registered agent	/////EX	OTF: Regi	istered Agent	signature req	ured when reinstating)  ADDITIONS/CHANGES TO			
-	12.	gnature, typed or p	OFFICERS AND	DIRECTORS		13.		ADDITIONS/CHANGES TO	OFFICE ROZZES	Change	Addition
	TITLE NAME	VP GREEN, D		DELETE	1	1.2 NAME 1.3 STREET	ADORESS				
	STREET ADDRESS	41312 CF				14 CITY - S	r-ZIP			Change	Addition
-	CITY-ST-ZIP TITLE	T		atalad <b>kc</b> k	1	2 1 TITLE 22 NAME	ļ	T Ken Olivett			
	NAME	NICHOLS	,NANCY			23 STREET	ADDRESS	2508 Northland Rd	_		
	STREET ADDRESS	MT DORA	lly drive A, FL 00000			2 4 CITY-5	ST - ZIP	Mt. Dora, Fl 3275	7	Change	Addition
$\vdash$	CITY-ST-ZIP	P		DELETE		3.1 TITLE				_	
١	NAME	RAAB, JE	RRY			3.2 NAME 3.3 STREET	ADDRESS				
	STREET ADDRESS	173 BUC LEESBU	CANEER DRIVE			3 4. CITY-				Change	Addition
-	CITY-ST-ZIP TITLE	D	no re	DELETE		4.1 TITLE		en en en en en en en en	יי דינטיפיים	-	
	NAME	WALKER	, DAVID			4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP		300001 -04/15/36	01011	025	
1	STREET ADDRESS		ST WARD					\$ <b>*</b> *61.25			Addition
-	CITY-ST-ZIP	EUSTIS	rL	DELETE		5.1 TITLE				Change	["] yaarian
	TITLE NAME	D WHITAK	er, robert			5.2 NAME					
١	STREET ADDRESS	2102 KE	N CT.			1	T ADDRESS				
	CITY-ST-ZIP	MT DOF	KA, FL 00000	DELETE		5.4 CITY-				Change	Addition
	TITLE	D	TEOCON	רוסנינינ		6 2 NAMI					de
	NAME		TERSON	<b>E</b>		6.3 STRE	ET ADDRESS	1			-4-11

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)(k). 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 cath; 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 12 if changed, or on an attachment with an address.

SIGNATURE:

16.4.017-SI-ZIP

16.4.017-SI-ZIP RED NAME OF SIGNING OFFICE A DI RECTOR SIGNATURE:

0032588

10200 SILVER BLUFF DRIVE

STREET ADDRESS