

FILE NOW: FILING FEE IS \$61.25

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Mar 24 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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 32757-5300



2. Principal Place of Business		21. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 <b>COMMUNITY CHAPEL</b>		26 <b>COMMUNITY CHAPEL</b>		06/21/1961		04/12/1996	
22 <b>FIRST CHURCH OF GOD</b>		27 <b>FIRST CHURCH OF GOD</b>		4. FEI Number		Applied For	
23 <b>3601 WEST OLD U.S. 441</b>		28 <b>3601 WEST OLD U.S. 441</b>		59-2506154		Not Applicable	
24 <b>MOUNT DORA, FL 32757</b>		29 <b>MOUNT DORA, FL 32757</b>		5. Certificate of Status Desired		8.75 Additional Fee Required	
25 <b>32757</b>		30 <b>32757</b>		6. Election Campaign Financing		5.00 May Be Added to Fees	
26 <b>FL</b>		31 <b>FL</b>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		Yes No	
27 <b>LAKE</b>		32 <b>LAKE</b>					

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WALKER, DAVID**  
**244 WEST WARD**  
**EUSTIS FL 32726**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	<b>FL</b>

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	VP	1.1 TITLE	
NAME	GREEN, DONALD	1.2 NAME	
STREET ADDRESS	41312 CR 452	1.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	1.4 CITY - ST - ZIP	
TITLE	T	2.1 TITLE	
NAME	OLIVETT, KEN	2.2 NAME	
STREET ADDRESS	2508 NORTHLAND ROAD	2.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL 32757	2.4 CITY - ST - ZIP	
TITLE	P	3.1 TITLE	
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	
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	
NAME	WHITAKER, ROBERT	5.2 NAME	
STREET ADDRESS	2102 KEN COURT	5.3 STREET ADDRESS	
CITY - ST - ZIP	MT DORA FL	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	
NAME	PETERSON, SAM	6.2 NAME	
STREET ADDRESS	10200 SILVER BLUFF DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	LEESBURG FL	6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

*David Walker*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/97

Date

Daytime Phone # 0014324

CR2E037 (9/96)