


**FILED**  
**Feb 25, 1999 8:00 am**  
**Secretary of State**

02-25-1999 90047 038 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 702579</b>					
1. Corporation Name <b>GOLDEN TRIANGLE COMMUNITY CHAPEL, INC.</b>					
Principal Place of Business <b>3601 WEST OLD US 441          MT. DORA FL 32757          US</b>			Mailing Address <b>3601 WEST OLD US 441          MT. DORA FL 32757          US</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified <b>06/21/1961</b> 4. FEI Number <b>59-2506154</b> 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent <b>WALKER, DAVID          244 WEST WARD          EUSTIS FL 32726</b>			10. Name and Address of New Registered Agent 81 Name <b>Clifford Holden</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>511 Coventry Ct.</b> 83 <b>Mt. Dora, Fl. 32757</b> 84 City <b>FL</b> 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 <i>Clifford Holden</i> (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <b>VP</b> <input type="checkbox"/> DELETE NAME <b>GREEN, DONALD</b> STREET ADDRESS <b>41312 CR 452</b> CITY-ST-ZIP <b>LEESBURG FL</b>			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
TITLE <b>T</b> <input type="checkbox"/> DELETE NAME <b>OLIVETT, KEN</b> STREET ADDRESS <b>2508 NORTHLAND ROAD</b> CITY-ST-ZIP <b>MT DORA FL 32757</b>			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE <b>CP</b> <input type="checkbox"/> DELETE NAME <b>WALKER, DAVID</b> STREET ADDRESS <b>244 WEST WARD</b> CITY-ST-ZIP <b>EUSTIS-FL 32726</b>			3.1 TITLE <b>Trustee</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE <b>T</b> <input checked="" type="checkbox"/> DELETE NAME <b>COMBX, FRANK</b> STREET ADDRESS <b>2072 PALMETTO ROAD</b> CITY-ST-ZIP <b>MOUNT DORA FL 32757</b>			4.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 4.2 NAME <b>Ralph Barbano</b> 4.3 STREET ADDRESS <b>3415 Mary Lane</b> 4.4 CITY-ST-ZIP <b>Mt. Dora, Fl. 32788</b>		
TITLE <b>D</b> <input checked="" type="checkbox"/> DELETE NAME <b>WHITAKER, ROBERT</b> STREET ADDRESS <b>2102 KEN COURT</b> CITY-ST-ZIP <b>MT DORA FL</b>			5.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 5.2 NAME <b>Scottie Mc Cance</b> 5.3 STREET ADDRESS <b>14915 Highway 441-35</b> 5.4 CITY-ST-ZIP <b>Tavares, Fl. 32778</b>		
TITLE <b>D</b> <input type="checkbox"/> DELETE NAME <b>HOLDEN, CLIFFORD</b> STREET ADDRESS <b>511 COVENTRY CT</b> CITY-ST-ZIP <b>LEESBURG FL 32757</b>			6.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME <b>CP</b> 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

14. 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 817, 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:

**SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/99

352-383-3905

CR2E037 (11/98)