


# 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 06, 2004 8:00 am**  
**Secretary of State**

02-06-2004 90020 017 \*\*\*\*61.25

<b>DOCUMENT # 702579</b>	
1. Entity 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>
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2. Principal Place of Business Suite, Apt. #, etc. <b>SAME</b>	3. Mailing Address Suite, Apt. #, etc. <b>SAME</b>
City & State <b>SAME</b>	City & State <b>SAME</b>
Zip <b>SAME</b>	Country <b>SAME</b>



MOORE CR2E037 (11/03)

6. Name and Address of Current Registered Agent <b>HAAS, HERB 1341 EUSTIC RD EUSTIS FL 32726</b>	
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7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>SAME</b> <b>FL</b> Zip Code	
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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 Herb Haas Herb Haas DATE \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW: FEE IS \$61.25 Due By May 1, 2004</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	<b>Make Check Payable to Florida Department of State</b>
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GRIST, SAM 112 E. DELAWARE ST TAVARES FL 32778</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BOLEVICH, VINCENT 31642 INDIANA AVE - IMPERIAL TER TAVARES FL 32778</b> <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T Tom Chispolm 127 Woods N. WATER Dr. MT DORA FL 32757</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T OLIVETT, KEN 2508 NORTHLAND RD MOUNT DORA FL 32757</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T GOODKNIGHT, CATHY 29 LAHAYETTE SORRENTO FL 32776</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CP HAAS, HERB 1341 EUSTIS RD EUSTIS FL 32726</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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:** Herb Haas Herb Haas 2/1/04  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #