

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 08, 2005 8:00 am
Secretary of State

02-08-2005 90005 039 ****61.25

DOCUMENT # 702579

1. Entity Name

GOLDEN TRIANGLE COMMUNITY CHAPEL, INC.



Principal Place of Business

3601 WEST OLD US 441
MT. DORA FL 32757
US

Mailing Address

3601 WEST OLD US 441
MT. DORA FL 32757
US

40014364



1st MOORE CR2E037 (10/04)

2. Principal Place of Business

3601 W. Old us 441

3. Mailing Address

Same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

MT DORA FL

City & State

Zip

32757

Country
LAKE

Zip

Country

4. FEI Number

59-2506154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

HAAS, HERB
1341 EUSTIC RD
EUSTIS FL 32726

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Clifford E. Holden, Treasurer

Clifford E. Holden

1-24-05

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2005

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE T ☐ Delete
NAME GRIST, SAM
STREET ADDRESS 112 E. DELAWARE ST
CITY-ST-ZIP TAVARES FL 32778

TITLE T ☐ Delete
NAME CHISHOLM, TOM
STREET ADDRESS 127 WOODS N. WATER DR.
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE T ☐ Delete
NAME OLIVETT, KEN
STREET ADDRESS 2508 NORTHLAND RD
CITY-ST-ZIP MOUNT DORA FL 32757

TITLE T ☐ Delete
NAME GOODKNIGHT, CATHY
STREET ADDRESS 29 LAHAYETTE
CITY-ST-ZIP SORRENTO FL 32776

TITLE CP ☒ Delete
NAME HAAS, HERB
STREET ADDRESS 1341 EUSTIS RD
CITY-ST-ZIP EUSTIS FL 32726

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☒ Addition
NAME Robert Noel
STREET ADDRESS 206 RUE DE PONT
CITY-ST-ZIP TAVARES, FL 32778

TITLE CP ☒ Change ☐ Addition
NAME CATHY Goodnight
STREET ADDRESS 29 LAHAYETTE
CITY-ST-ZIP SORRENTO FL 32776

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Clifford E. Holden Treas.

Clifford E. Holden

1-24-05

352-383-1379

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #