

**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Mar 14, 2006 8:00 am
Secretary of State

03-14-2006 90012 038 ****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

2. Principal Place of Business

3601 W. Old U.S 441

Suite, Apt. #, etc.

3. Mailing Address

Same

City & State

MT DORA FL

City & State

MT DORA FL

Zip

32757

Country

USA

Zip

32757

Country

USA

4. FEI Number

59-2506154

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

1st MOORE

CR2E037 (10/05)



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 Goodknight, Cathy

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

29 LAHAYETTE

SORRENTO FL 32776

City

FL

Zip Code

32776

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 Cathy Goodknight

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

(NOTE: Registered Agent Signature required when reappointing)

Cathy Goodknight

3-1-06

DATE

FILE NOW: FEE IS \$61.25

Due By May 1, 2006

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

TITLE T ☒ Delete
NAME NOEL, ROBERT
STREET ADDRESS 206 RUE DEPONT
CITY-ST-ZIP TAVARES FL 32778

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE T ☐ Change ☐ Addition
NAME STAN TOWNSEND
STREET ADDRESS 73 WILLOW DR.
CITY-ST-ZIP TAVARES FL 32778

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 T ☐ Change ☐ Addition
NAME DENZIL Robbins
STREET ADDRESS 31232 TEMPLE AVE.
CITY-ST-ZIP TAVARES, FL, 32778

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 exemptions contained in Section 119, 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:

CLYDE E. Holden