

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 21, 2007 8:00 am
Secretary of State

03-21-2007 90043 042 ****70.00

DOCUMENT # 702579

1. Entity Name

GOLDEN TRIANGLE COMMUNITY CHAPEL, INC.



Principal Place of Business

Mailing Address

3601 WEST OLD US 441
MT. DORA FL 32757
US

3601 WEST OLD US 441
MT. DORA FL 32757
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

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

7. Name and Address of New Registered Agent

GOODKNIGHT, CATHY
29 LAHAYETTE
SORRENTO FL 32776

Name

DONNA Good Knight

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

29 LAHAYETTE

City

Sorrento Fl

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

Donna Good Knight President

2/24/07

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, 2007

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	<input type="checkbox"/> Delete
NAME	TOWNSEND, STAN	
STREET ADDRESS	73 WILLOW DR	
CITY - ST - ZIP	TAVARES FL 32778	
TITLE	T	<input type="checkbox"/> Delete
NAME	CHISHOLM, TOM	
STREET ADDRESS	127 WOODS N. WATER DR.	
CITY - ST - ZIP	MOUNT DORA FL 32757	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	OLIVETT, KEN	
STREET ADDRESS	2508 NORTHLAND RD	
CITY - ST - ZIP	MOUNT DORA FL 32757	
TITLE	CP	<input checked="" type="checkbox"/> Delete
NAME	GOODKNIGHT, CATHY	
STREET ADDRESS	29 LAHAYETTE	
CITY - ST - ZIP	SORRENTO FL 32776	
TITLE	T	<input checked="" type="checkbox"/> Delete
NAME	ROBBINS, DENZIL	
STREET ADDRESS	31232 TEMPLE AVE.	
CITY - ST - ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARGE HAAS	
STREET ADDRESS	1341 EASTIS RD	
CITY - ST - ZIP	EASTIS FL 32726	
TITLE	CP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOODKNIGHT, DONNA	
STREET ADDRESS	29 LAHAYETTE	
CITY - ST - ZIP	SORRENTO FL 32776	
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CINDY BOCHANSKI	
STREET ADDRESS	15751 SUSANNE DR.	
CITY - ST - ZIP	TAVARES FL 32778	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

Donna Good Knight

DONNA Good Knight 2/24/07

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #