2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 11, 2008 8:00 am
Secretary of State
03-11-2008 90022 022 ****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

1st MOORE CR2E037 (10/07)

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

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

GOODKNIGHT, DONNA
29 LAHAYETTE
SORRENTO FL 32776

7. Name and Address of New Registered Agent

Name McDonald, Cindy

Street Address (P.O. Box Number is Not Acceptable)
15751 Susanne Dr.

City TAVARES FL Zip Code 32778

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 Cindy McDonald Cindy McDonald DATE
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS $61.25
Due By May 1, 2008

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T TOWNSEND, STAN 73 WILLOW DR TAVARES FL 32778	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T CHISHOLM, TOM 127 WOODS N. WATER DR. MOUNT DORA FL 32757	☒ Delete	TITLE VP NAME Tom Chisholm STREET ADDRESS 127 Woods N WATER DR. CITY-ST-ZIP MT DORA, Fl 32757	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP HAAS, MARGE 1341 EUSTIS RD EUSTIS FL 32726	☒ Delete	TITLE NAME Ron Parker STREET ADDRESS 3060 MARY LANE CITY-ST-ZIP MT DORA Fl 32757	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CP GOODKNIGHT, DONNA 29 LAHAYETTE SORRENTO FL 32776	☒ Delete	TITLE NAME Ardella Brown STREET ADDRESS 1540 Sunset Cir CITY-ST-ZIP MT DORA Fl. 32757	Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BOCHNAGH, CINDY 15751 SUSANNE DR TAVARES FL 32778	☒ Delete	TITLE CP NAME Cindy McDonald STREET ADDRESS 15751 Susanne Dr. CITY-ST-ZIP TAVARES Fl. 32778	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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: Cindy McDonald Cindy McDonald