

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 23, 2003 8:00 am**  
**Secretary of State**

01-23-2003 90176 034 \*\*\*\*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

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

7. Name and Address of New Registered Agent

**HAAS, HERB  
1341 EUSTIC RD  
EUSTIS FL 32726**

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

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**

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 **VP** ☒ Delete  
NAME **GREEN, DONALD**  
STREET ADDRESS **41312 CR 452**  
CITY-ST-ZIP **LEESBURG FL**

TITLE ☒ Change ☐ Addition  
NAME **T. Grist, SAM**  
STREET ADDRESS **112 E. DELAWARE ST.**  
CITY-ST-ZIP **TAVARES FL 32778**

TITLE **T** ☐ Delete  
NAME **BOLEVICH, VINCENT**  
STREET ADDRESS **31642 INDIANA AVE - IMPERIAL TER**  
CITY-ST-ZIP **TAVARES FL 32778**

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

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

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

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

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

TITLE **VP** ☒ Delete  
NAME **ROBINSON, GORDON**  
STREET ADDRESS **31618 ALANA CT.**  
CITY-ST-ZIP **TAVARES FL 32778**

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

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

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: **HERB HAAS**

**1/20/03**

**352-357-2452**

CR2E037 (10/02)