

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 20 AM 11:07

DOCUMENT # 770477 (8)

1. Corporation Name

GOLDEN TRIANGLE CIVITAN CLUB, INC.

Principal Place of Business

Mailing Address

C/O CHRISTOPHER J. SMITH
390 W. ALFRED ST.
TAVARES FL 32778

8820 E TREASURE ISLAND AVENUE
LEESBURG FL 34748

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/29/1983

3a. Date of Last Report

05/01/1994

4. FEI Number

59-1937169

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes

Yes No

2. Principal Place of Business

2a. Mailing Address

21 8820 E Treasure Isl Ave

26 Suite, Apt. #, etc.

22

27 City & State

23 Leesburg FL

28

29 Zip Country

24 34748

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, CHRISTOPHER J.
380 W. ALFRED ST.
TAVARES FL 32778

B1 Name

PEGGY M. FAIRBANKS

B2 Street Address (P.O. Box Number is Not Acceptable)

8820 E TREASURE ISLAND AVE

B3

B4 City

LEESBURG

FL

B5 Zip Code

34748

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Peggy M. Fairbanks

(Printed name, typed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when constituting)

DATE

11/17/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME FAIRBANKS, PEGGY M
STREET ADDRESS 8820 E TREASURE ISLAND AVENUE
CITY-ST-ZIP LEESBURG FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE TD
NAME WELKE, MARIANN
STREET ADDRESS P.O. BOX 111 N/A
CITY-ST-ZIP GRAND ISLAND FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE SD
NAME YARBROUGH, KATHY
STREET ADDRESS 2601 S BAY ST
CITY-ST-ZIP EUSTIS FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D
NAME TAYLOR, JANICE
STREET ADDRESS 1220 PALMETTO RAOD
CITY-ST-ZIP EUSTIS FL

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Add
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Sandra B. Morham

(SIGNATURE AND TYPE OR PRINTED NAME OF FILING OFFICER OR DIRECTOR)

11/17/95

Date

Signature (Printed)