

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **770477 (8)**
1. Corporation Name
GOLDEN TRIANGLE CIVITAN CLUB, INC.



Principal Place of Business: **8820 E TREASURE ISLAND AVE 380 W. ALFRED ST. LEESBURG FL 34748 US**
Mailing Address: **8820 E TREASURE ISL AVENUE LEESBURG FL 34748**

3. Date Incorporated or Qualified: **09/29/1983**
3a. Date of Last Report: **02/20/1995**

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
	Suite, Apt. #, etc.		Suite, Apt. #, etc.		59-1937169	Not Applicable
22	City & State	27	City & State	5.	Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
						<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	28	Zip	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
	Country		Country	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
24		29				

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FAIRBANKS, PEGGY M
8820 E TREASURE ISLAND AVE
LEESBURG FL 34748**

81 Name: **Debbie Teems**
82 Street Address (P.O. Box Number is Not Acceptable): **40619 W. 3rd Ave.**
83
84 City: **Umatilla, FL** 85 Zip Code: **32784 8814**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *Debbie Teems* (NOTE: Registered Agent signature required when re-registering.) DATE: **4-1-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Pres./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FAIRBANKS, PEGGY M	1.2 NAME	Debbie Teems
STREET ADDRESS	8820 E TREASURE ISLAND AVENUE	1.3 STREET ADDRESS	40619 W. 3rd Ave.
CITY-ST-ZIP	LEESBURG FL	1.4 CITY-ST-ZIP	Umatilla, Fl. 32784 8814
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	Treas./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WELKE, MARIANN	2.2 NAME	Jackie Mabry
STREET ADDRESS	P.O. BOX 111 N/A	2.3 STREET ADDRESS	26430 Savage Circle
CITY-ST-ZIP	GRAND ISLAND FL	2.4 CITY-ST-ZIP	Howey-In-The-Hills, Fl. 34737
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	Sec./Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARBROUGH, KATHY	3.2 NAME	Debbie Goodwin
STREET ADDRESS	2801 S BAY ST	3.3 STREET ADDRESS	500 Fern Ave.
CITY-ST-ZIP	EUSTIS FL	3.4 CITY-ST-ZIP	Tavares, Fl. 32778
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, JANICE	4.2 NAME	Janice Taylor
STREET ADDRESS	1220 PALMETTO RAOD	4.3 STREET ADDRESS	1220 Palmetto Rd.
CITY-ST-ZIP	EUSTIS FL	4.4 CITY-ST-ZIP	Eustis, Fl. 32726 5336
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	100001769011
NAME		6.2 NAME	04/04/96--01031--008
STREET ADDRESS		6.3 STREET ADDRESS	***61.25
CITY-ST-ZIP		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, changed, or on an attachment with an address.

SIGNATURE: *Janice Taylor* DATE: **1-30-96** DAYTIME PHONE #

CR2E037 (12/95)