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Secretary of State

03-01-1999 90020 047 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 770477**  
1. Corporation Name  
**GOLDEN TRIANGLE CIVITAN CLUB, INC.**

Principal Place of Business <b>1220 PALMETTO RD EUSTIS FL 32726 US</b>	Mailing Address <b>1220 PALMETTO RD EUSTIS FL 32726 US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>09/29/1983</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-1937169</b> Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>TAYLOR, JAMES L 1220 PALMETTO RD EUSTIS FL 32726</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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: *James L Taylor* (NOTE: Registered Agent signature required when reinstating) DATE: **1-27-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b> <input type="checkbox"/> DELETE	NAME <b>TAYLOR, JAMES L</b>	1.1 TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	NAME <b>Singer, Troy</b>
STREET ADDRESS <b>1220 PALMETTO RD</b>	CITY-ST-ZIP <b>EUSTIS FL</b>	1.2 NAME	1.3 STREET ADDRESS <b>205 Lakecrest Dr.</b>
TITLE <b>T</b> <input type="checkbox"/> DELETE	NAME <b>TAYLOR, JANICE</b>	2.1 TITLE <b>T</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	1.4 CITY-ST-ZIP <b>Tavares, Fl. 32778-2081</b>
STREET ADDRESS <b>1220 PALMETTO RD</b>	CITY-ST-ZIP <b>EUSTIS FL</b>	2.2 NAME <b>Taylor, Janice</b>	2.3 STREET ADDRESS <b>1220 Palmetto Rd.</b>
TITLE <b>S</b> <input type="checkbox"/> DELETE	NAME <b>HAUSER, CHERYL</b>	3.1 TITLE <b>S</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	2.4 CITY-ST-ZIP <b>Eustis, Fl. 32726-5336</b>
STREET ADDRESS <b>11427 LAKEVIEW DR</b>	CITY-ST-ZIP <b>LEESBURG FL</b>	3.2 NAME <b>Green, Maxine</b>	3.3 STREET ADDRESS <b>706 Jefferis Ct</b>
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>TAYLOR, JANICE</b>	4.1 TITLE <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	3.4 CITY-ST-ZIP <b>Eustis, Fl. 32726-5116</b>
STREET ADDRESS <b>1220 PALMETTO RD</b>	CITY-ST-ZIP <b>EUSTIS FL</b>	4.2 NAME <b>James L. Taylor</b>	4.3 STREET ADDRESS <b>1220 Palmetto Rd.</b>
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>YOUNG, YVETTE</b>	5.1 TITLE <b>D</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	4.4 CITY-ST-ZIP <b>Eustis, Fl. 32726-5336</b>
STREET ADDRESS <b>P.O. BOX 1111, NEW HAMPSHIRE AVE</b>	CITY-ST-ZIP <b>TAVARES FL</b>	5.2 NAME <b>Janice Taylor</b>	5.3 STREET ADDRESS <b>1220 Palmetto Rd.</b>
TITLE <b>D</b> <input type="checkbox"/> DELETE	NAME <b>SINGER, TROY</b>	6.1 TITLE	5.4 CITY-ST-ZIP <b>Eustis, Fl. 32726-5336</b>
STREET ADDRESS <b>205 LAKECREST DR</b>	CITY-ST-ZIP <b>TAVARES FL</b>	6.2 NAME	6.3 STREET ADDRESS
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Janice Taylor* SIGNATURE REQUIRED  
Date: **1-27-99** Daytime Phone #: **352-589-4979**

CR2E037 (11/98)