
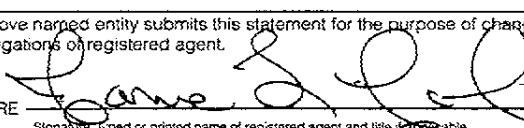


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 03, 2004 08:00 AM
Secretary of State

DOCUMENT # 770477					
1. Entity Name GOLDEN TRIANGLE CIVITAN CLUB, INC.					
Principal Place of Business 1220 PALMETTO RD EUSTIS FL 32726 US			Mailing Address 1220 PALMETTO RD EUSTIS FL 32726 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 59-1937169	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent TAYLOR, JAMES L 1220 PALMETTO RD EUSTIS FL 32726				7. Name and Address of New Registered Agent	
Name				Name	
Street Address (P.O. Box Number is Not Acceptable)				Street Address (P.O. Box Number is Not Acceptable)	
City				City	
State				State	
Zip Code				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 				DATE 1-28-04	
SIGNATURE: Typed or printed name of registered agent and title (if applicable)				DATE	
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, JAMES L		NAME		
STREET ADDRESS	1220 PALMETO RD.		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL 32726		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, JANICE		NAME		
STREET ADDRESS	1220 PALMETTO RD		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL 32726-5336		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, JANICE		NAME		
STREET ADDRESS	1220 PALMETO RD.		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL 32726		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAROE, CORDELLA		NAME		
STREET ADDRESS	2891 E. ORANGE AVE.		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL 32726		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAUSER, CHERYL		NAME		
STREET ADDRESS	11427 LAKEVIEW DR.		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG FL 34788		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			CITY - ST - ZIP		

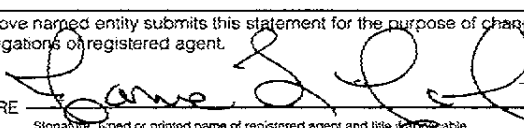


MOORE CR2E037 (11/03)

4. FEI Number 59-1937169 Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

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:  DATE: 1-28-04

FILE NOW: FEE IS \$61.25 Due By May 1, 2004

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	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, JAMES L		NAME		
STREET ADDRESS	1220 PALMETO RD.		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL 32726		CITY - ST - ZIP		
TITLE	TD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, JANICE		NAME		
STREET ADDRESS	1220 PALMETTO RD		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL 32726-5336		CITY - ST - ZIP		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TAYLOR, JANICE		NAME		
STREET ADDRESS	1220 PALMETO RD.		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL 32726		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LAROE, CORDELLA		NAME		
STREET ADDRESS	2891 E. ORANGE AVE.		STREET ADDRESS		
CITY - ST - ZIP	EUSTIS FL 32726		CITY - ST - ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	HAUSER, CHERYL		NAME		
STREET ADDRESS	11427 LAKEVIEW DR.		STREET ADDRESS		
CITY - ST - ZIP	LEESBURG FL 34788		CITY - ST - ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY - ST - ZIP			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:  Janice Taylor 1-28-04