
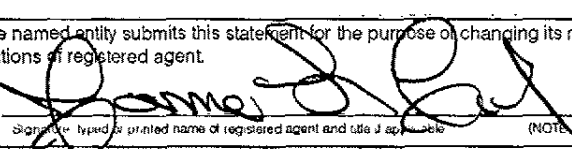


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Jan 22, 2005 08:00 AM
Secretary of State

DOCUMENT # 770477 1. Entity Name GOLDEN TRIANGLE CIVITAN CLUB, INC.			
Principal Place of Business		Mailing Address	
1220 PALMETTO RD EUSTIS FL 32726 US		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
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
TAYLOR, JAMES L 1220 PALMETTO RD EUSTIS FL 32726		Name	
		Street Address (P O Box Number is Not Acceptable)	
		City	FL Zip Code
4. FEI Number 59-1937169 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$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 1-20-05	
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	000000191213
CITY- ST- ZIP	EUSTIS FL 32726	CITY- ST- ZIP	01/24/05-80164-015 61.25
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:  DATE: **1-20-05** TIME: **35272817**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR