

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Jan 30, 2008 8:00 am
Secretary of State

01-30-2008 90040 047 ****61.25



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 - No P.O. Box # 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.

1st MOORE CR2E037 (10/07)

City & State City & State
Zip Country Zip Country

4. FEI Number **59-1937169** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**

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
Street Address (P.O. Box Number is Not Acceptable)
City **FL** 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, the registered agent.
SIGNATURE *[Signature]* DATE **1-23-08**

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	SAME	
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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 *[Signature]* JANICE TAYLOR 1-23-08