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**Mar 13 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT **1998**



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

DOCUMENT # N45738 (4)
1. Corporation Name
GOLDEN TRIANGLE CHURCH OF RELIGIOUS SCIENCE, INC



Principal Place of Business Mailing Address
**6942 OLD HWY 441 SO
MT DORA FL 32757
US** **6942 OLD HWY 441 SO
MT DORA FL 32757
US**

3. Date Incorporated or Qualified
10/24/1991

4. FEI Number **59-3091603** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**THOMPSON, DONALD J.
1777 CRESTVIEW DR
MOUNT DORA FL 32757**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	HURLEY, DORIS	1.2 NAME	Joyce Anderson
STREET ADDRESS	26714 SHADOW OAK CIRCLE	1.3 STREET ADDRESS	436 Laura Lane
CITY-ST-ZIP	MT DORA FL	1.4 CITY-ST-ZIP	Mt Dora, FL 32757
TITLE	D	2.1 TITLE	
NAME	THOMPSON, CATHERINE	2.2 NAME	
STREET ADDRESS	1777 CRESTVIEW DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MT DORA FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	THOMPSON, DONALD J.	3.2 NAME	
STREET ADDRESS	1777 CRESTVIEW DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	MOUNT DORA FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: *Joyce Anderson* **Joyce Anderson** 2/21/98 (352) 735-1595

CR2E037 (1097)