

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 02, 2007 08:00 AM  
Secretary of State

DOCUMENT # N45738

1. Entity Name  
GOLDEN TRIANGLE CHURCH OF RELIGIOUS SCIENCE,  
INC.



Principal Place of Business  
26 SOUTH GROVE STREET  
UNIT 1  
EUSTIS, FL 32726 US

Mailing Address  
26 SOUTH GROVE STREET  
UNIT 1  
EUSTIS, FL 32726 US

DO NOT WRITE IN THIS SPACE



03262007 No Chg-NP

CR2E037 (4/06)

4. FEI Number  
59-3091603

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Name and Address of Current Registered Agent

THOMPSON, DONALD J.  
401 BAYTREE BLVD  
TAVARES, FL 32778

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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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

Filing Fee is \$81.25  
Due by May 1, 2007

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE PD  
NAME RENDEL, DONNA  
STREET ADDRESS 16451 S.E. 252ND CT.  
CITY-ST-ZIP UMATILLA, FL 32784

TITLE D  
NAME THOMPSON, CATHERINE  
STREET ADDRESS 401 BAYTREE BLVD  
CITY-ST-ZIP TAVARES, FL 32778

TITLE D  
NAME THOMPSON, DONALD J.  
STREET ADDRESS 401 BAYTREE BLVD  
CITY-ST-ZIP TAVARES, FL 32778

TITLE VP  
NAME JOYCE, ANDERSON  
STREET ADDRESS 436 LAURA LANE  
CITY-ST-ZIP MOUNT DORA, FL 32757

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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04/10/07-80025-008 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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:

*Donald J. Thompson*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH 27 2007 352-343-6232  
DATE DAYTIME PHONE #