


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 14, 2008 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



04092008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3091603	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/25/08-80019-011 61.25...
---	--	-----------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD RENSEL, DONNA 16451 S.E. 252ND CT. UMATILLA, FL 32784
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, CATHERINE 401 BAYTREE BLVD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D THOMPSON, DONALD J. 401 BAYTREE BLVD TAVARES, FL 32778
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP JOYCE, ANDERSON 436 LAURA LANE MOUNT DORA, FL 32757
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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 APRIL 9, 2008 352-343-6232

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #