

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17, 1999 8:00 am
Secretary of State

03-17-1999 90034 013 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 758258

1. Corporation Name

THE LAKE GIBSON UNITED METHODIST CHURCH, INC.

Principal Place of Business
424 W DAUGHTERTY RD
LAKELAND FL 33809-3315

Mailing Address
424 W DAUGHTERTY RD
LAKELAND FL 33809-3315

237886 - 90034 - 13



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/02/1981	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2079831	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
Country		Country		Trust Fund Contribution <input type="checkbox"/>	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

FLORIDA UNITED METHODIST CONFERENCE, INC.
UNITED METHODIST BLDG.
1140 MCDONALD ST
LAKELAND FL 33801

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
85	Zip Code

FL

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDTD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARY ANN SCHWITTERS	1.2 NAME	
STREET ADDRESS	1617 MORNING DOVE LOOP NORTH	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERT MORLEY	2.2 NAME	
STREET ADDRESS	1544 SHERWOOD LAKES BLVD.	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY SPADAFORA	3.2 NAME	
STREET ADDRESS	5817 MACAW PL.	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MUELLER, LEE	4.2 NAME	
STREET ADDRESS	130 TRACEY WAY	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOROTHY HORNBAKER	5.2 NAME	
STREET ADDRESS	10000 US HWY. 98 N. #329	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL ALJOE	6.2 NAME	
STREET ADDRESS	942 RIDGEGREEN LOOP	6.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33809	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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-24-99 941-859-6843

Date

Daytime Phone #

CR2E037 (11/98)

237886-90034-13
758258

ADDITIONS/CHANGES TO OFFERS AND DIRECTORS IN 12
1999 ANNUAL REPORT

LAKE GIBSON UNITED METHODIST CHURCH, INC.

D
ART WORTH
1703 SHERWOOD LAKES BLVD.
LAKELAND, FL 33809

ADDITION

D
TOM BURNS
2172 SILVER RE DRIVE
LAKELAND, FL 33809

ADDITION

D
BILL MCKINNEY
2212 SILVER RE DRIVE
LAKELAND, FL 33809

ADDITION