## 2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT# 758258**

FILED Apr 26, 2004 Secretary of State

Entity Name: THE LAKE GIBSON UNITED METHODIST CHURCH, INC.

Current P	Current Principal Place of Business:			New Principal Place of Business:	
	JGHTERTY F D, FL 338093				
Current Mailing Address:			New Mailing Address:		
	JGHTERTY F D, FL 338093				
FEI Number:	59-2079831	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of	Current Registered Agent:	Name and Address	s of New Registered Agent:	
JNITED M 1140 MCD _AKELAN[	ETHODIST B ONALD D, FL 33801				
	named entity of Florida.	submits this statement for the pu	rpose of changing its registe	ered office or registered agent, or both,	
SIGNATUF					
	Electro	nic Signature of Registered Ager	ıt .	Date	
OFFICERS	S AND DIREC	CTORS:	ADDITIONS/CHAN	IGES TO OFFICERS AND DIRECTORS:	
Гitle: Name: Address: City-St-Zip:	D ( SMITH, KEN 3174 KEUKA L LAKELAND, F		Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	HEISHMAN, D	STON HILLS BLVD	Title: Name: Address: City-St-Zip:	()Change ()Addition	
Fitle: Name: Address: City-St-Zip:	D ( SMITH, BECK 340 SANTIAGO LAKELAND, FI	ОСТ	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D ( STRAW, ROSI 2345 SEA ISL LAKELAND, FI	AND CIR S	Title: Name: Address: City-St-Zip:	() Change () Addition	
Fitle: Name: Address: City-St-Zip:	D ( MEYER, DAVI 4444 US 98N, LAKELAND, FI	#318	Title: Name: Address: City-St-Zip:	() Change () Addition	
Γitle:	FOX, ANN	) Delete REEZE AVE	Title: Name: Address:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: KEN SMITH D 04/26/2004