

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758258

FILED
Mar 22, 2006
Secretary of State

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

Current Principal Place of Business:

424 W DAUGHTERTY RD
LAKELAND, FL 338093315

New Principal Place of Business:

Current Mailing Address:

424 W DAUGHTERTY RD
LAKELAND, FL 338093315

New Mailing Address:

FEI Number: 59-2079831

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: SMITH, KEN
Address: 3174 KEUKA LOOP
City-St-Zip: LAKELAND, FL 33810

Title: D () Delete
Name: FORTIN, BERT
Address: 1108 HAYMARKET DR.
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: KELLY, LONSBERRY
Address: 3940 STAFFORDSHIRE DR.
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: WILLIAMS, PAUL
Address: 6380 EGRET DR. #6
City-St-Zip: LAKELAND, FL 338094645

Title: D () Delete
Name: MUELLER, RICK
Address: 130 TRACY WAY
City-St-Zip: LAKELAND, FL 33809

Title: D () Delete
Name: OWENS, TOM
Address: 3115 GALLOWAY OAKS DR.
City-St-Zip: LAKELAND, FL 33810

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change () Addition
Name: FORTIN, BERT
Address: 1108 HAYMARKET DR.
City-St-Zip: LAKELAND, FL 33809

Title: D (X) Change () Addition
Name: FOX, BRAD
Address: 5712 LAKE BREEZE DR.
City-St-Zip: LAKELAND, FL 33809

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: ESHELMAN, DON
Address: 9547 ANGLER'S WAY
City-St-Zip: LAKELAND, FL 338102357

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: ROSA M. STAFFORD

ADMN

03/22/2006

Electronic Signature of Signing Officer or Director

Date