

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

0086887

DOCUMENT # 758258

1. Entity 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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-2079831**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	TUTE, RONALD	
STREET ADDRESS	5069 MAPLE DR	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	HEISHMAN, DON	
STREET ADDRESS	6819 HUNTINGTON HILLS BLVD	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, BECKY	
STREET ADDRESS	340 SANTIAGO CT	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	STRAW, ROSE	
STREET ADDRESS	2345 SEA ISLAND CIR S	
CITY-ST-ZIP	LAKELAND FL 33810	
TITLE	D	<input type="checkbox"/> Delete
NAME	MEYER, DAVID	
STREET ADDRESS	4444 US 98N, #318	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	FOX, ANN	
STREET ADDRESS	5712 LAKE BREEZE AVE	
CITY-ST-ZIP	LAKELAND FL 33809	

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ken Smith	
STREET ADDRESS	3174 Keuka Loop	
CITY-ST-ZIP	Lakeland, FL 33810	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Joe Stowe	
STREET ADDRESS	6834 Ranch Rd.	
CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Bob Butler	
STREET ADDRESS	4417 Regatta Ave.	
CITY-ST-ZIP	Lakeland, FL 33805-3590	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Paul Williams	
STREET ADDRESS	6380 Egret DR. #6	
CITY-ST-ZIP	Lakeland, FL 33809-4645	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

SIGNATURE REQUIRED

CR2E037 (10/02)