

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N06234

1. Entity Name

GIBSONIA CHURCH OF GOD, INC.

FILED
Jan 24, 2000 8:00 am
Secretary of State

01-24-2000 90035 019 ****61.25

Principal Place of Business

1405 MAPLES ST.
LAKELAND FL 33810
US

Mailing Address

1405 MAPLE ST.
LAKELAND FL 33810-0510
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-6161130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

OVERBAY, CLAUD E
1405 MAPLE ST.
LAKELAND FL 33809

7. Name and Address of New Registered Agent

Name

Lee J. True

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

47 Highway 50

City

Mascotte

FL

Zip Code

34753

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.

SIGNATURE

Lee J. True - Pastor

1-16-00

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
Department of State

10. OFFICERS AND DIRECTORS

TITLE D
NAME HOSEY, HOUSTON
STREET ADDRESS 4055 PALMETTO AVE.
CITY-ST-ZIP HIGHLAND CITY FL ☐ Delete

TITLE D
NAME STRAIN, ERNEST E
STREET ADDRESS 1404 MAPLE ST.
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE DST
NAME WESTOVER, MILTON
STREET ADDRESS 148 CONNIE LEE COURT
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE D
NAME PEARCE, WALLACE H
STREET ADDRESS 5928 W HILLTOP LANE
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE D
NAME COLLIN, JOHN W.
STREET ADDRESS 2842 ELIZABETH PLACE
CITY-ST-ZIP LAKELAND FL ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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:

MELTON W. WESTER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-16-00

Date

863-858-5396

Daytime Phone #

CR25037 (9/00)