# 2001 UNIFORM BUSINESS REPORT (UBR)

**FILED**
**Jan 26, 2001 8:00 am**
**Secretary of State**
01-26-2001 90048 009 ****61.25

DOCUMENT # N06234

1. Entity Name

GIBSONIA CHURCH OF GOD, INC.

| Principal Place of Business | Mailing Address |
|---|---|
| 1405 MAPLES ST.<br>LAKELAND FL 33810<br>US | 1405 MAPLE ST.<br>LAKELAND FL 33810<br>US |

904092

DO NOT WRITE IN THIS SPACE

| 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 | 7. Name and Address of New Registered Agent |
|---|---|
| TRUE, LEE J<br>47 HIGHWAY 50<br>MASCOTTE FL 34753 | Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>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.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 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 | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | |
|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>HOSEY, HOUSTON<br>4055 PALMETTO AVE.<br>HIGHLAND CITY FL | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>STRAIN, ERNEST E<br>1404 MAPLE ST.<br>LAKELAND FL | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DST<br>WESTOVER, MILTON<br>148CONNIE LEE COURT<br>LAKELAND FL | ☒ Delete | ☒ Change ☐ Addition | DST<br>Westover, Marian<br>148 Connie Lee Court<br>Lakeland, Fl 33809 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>PEARCE, WALLACE H<br>5928 W HILLTOP LANE<br>LAKELAND FL | ☐ Delete | ☐ Change ☐ Addition | |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | D<br>COLLIN, JOHN W.<br>2842 ELIZABETH PLACE<br>LAKELAND FL | ☐ Delete | ☒ Change ☐ Addition | D<br>Collins, John W<br>230 Hill Court<br>Winter Haven, Fl 33881 |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ Delete | ☐ Change ☐ Addition | |

CR2E037 (10/00)

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:** Marian R. Westover MARIAN R. Westover 1-14-01
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #