## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06234

Address: City-St-Zip:

LAKELAND, FL 33813

FILED Feb 24, 2009 Secretary of State

Entity Name: GIBSONIA CHURCH OF GOD, INC.

**Current Principal Place of Business: New Principal Place of Business:** 1405 MAPLES ST. LAKELAND, FL 33810 US **Current Mailing Address: New Mailing Address:** 1405 MAPLE ST. 1405 MAPLES ST LAKELAND, FL 33810 US LAKELAND, FL 33810 US FEI Number: 59-6161130 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: TRUE, LEE J ROUSH, WALTER DC POLE BRIDGE RD 350 BÉACH STREET GROVELAND, FL 34726 US US WEBSTER, FL 33597 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: WATER ROUSH 02/24/2009 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete DERRINGER, LINDA Name: Name: 7629 MANOR DR Address: Address: City-St-Zip: LAKELAND, FL 33810 City-St-Zip: Title: ( ) Delete Title: () Change () Addition Name: ROUSH, WALTER Name: Address: POB 278 Address: City-St-Zip: WEBSTER, FL 33597 City-St-Zip: Title: () Delete Title: () Change () Addition PEARCE, KERRY T Name: Name: 202 WENDEL AVE Address: Address: City-St-Zip: LITHIA, FL 33547 City-St-Zip: Title: DST ( ) Delete Title: () Change () Addition Name: PEARCE, WALLACE H Name: Address: 612 FOREST LAKE DR Address: City-St-Zip: LAKELAND, FL 33809 City-St-Zip: Title: Title: () Delete () Change () Addition COLLINS, BARBARA Name: Name: 3929 OLD STATE RD. 37, #18 Address:

I hereby certify that the information supplied with this filing does not qualify 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.

City-St-Zip:

SIGNATURE: WALLACE H PEARCE DST 02/24/2009