2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758258

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

FILED
Jan 11, 2017
Secretary of State
CC4853312010

Current Principal Place of Business:

424 W DAUGHTERTY RD LAKELAND, FL 33809

Current Mailing Address:

424 W DAUGHTERTY RD LAKELAND, FL 33809 15

FEI Number: 59-2079831 Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

FLORIDA UNITED METHODIST CONFERENCE, INC. UNITED METHODIST BLDG. 450 MARTIN LUTHER KING JR. AVE LAKELAND, FL 33815 US

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

Officer/Director Detail:

Title	D	Title	0
Name	BURNS, THOMAS	Name	GOWER, DALE
Address	2172 SILVER RE DR.	Address	6003 CRANE DR
City-State-Zip:	LAKELAND FL 33810	City-State-Zip:	LAKELAND FL 33809
Title	0	Title	0
Name	GILMORE, BOB	Name	STAFFORD, ROSITA
Address	2446 WINNIPEG DR.	Address	7566 GUNSTOCK DR
City-State-Zip:	LAKELAND FL 33805	City-State-Zip:	LAKELAND, FL 33809
Title	0	Title	0
Title Name	O FREDRIKSON, CORY	Title Name	O ESHELMAN, DIANE
			_
Name	FREDRIKSON, CORY 5415 LIMESTONE LANE	Name	ESHELMAN, DIANE 9547 ANGLER'S WAY
Name Address City-State-Zip:	FREDRIKSON, CORY 5415 LIMESTONE LANE LAKELAND FL 33805	Name Address	ESHELMAN, DIANE 9547 ANGLER'S WAY
Name Address	FREDRIKSON, CORY 5415 LIMESTONE LANE LAKELAND FL 33805	Name Address City-State-Zip:	ESHELMAN, DIANE 9547 ANGLER'S WAY LAKELAND FL 33810
Name Address City-State-Zip: Title	FREDRIKSON, CORY 5415 LIMESTONE LANE LAKELAND FL 33805	Name Address City-State-Zip:	ESHELMAN, DIANE 9547 ANGLER'S WAY LAKELAND FL 33810 O
Name Address City-State-Zip: Title Name	FREDRIKSON, CORY 5415 LIMESTONE LANE LAKELAND FL 33805 O SADWICK, JUDY 1011 PINE RIDGE DRIVE	Name Address City-State-Zip: Title Name	ESHELMAN, DIANE 9547 ANGLER'S WAY LAKELAND FL 33810 O RUMOHR, LEON

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: THOMAS BURNS TRUSTEE CHAIR 01/11/2017

Officer/Director Detail Continued:

Title 0

Name GRIER, ALAN

4115 AUDUBON OAKS CIRCLE 105 Address

City-State-Zip: LAKELAND FL 33809