

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 758258

FILED
Jan 27, 2016
Secretary of State
CC0694181722

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

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: No

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
Name BURNS, THOMAS
Address 2172 SILVER RE DR.
City-State-Zip: LAKELAND FL 33810

Title O
Name BOWER, TODD
Address 1534 EXCALIBUR CT.
City-State-Zip: LAKELAND FL 33810

Title O
Name GOWER, DALE
Address 6003 CRANE DR
City-State-Zip: LAKELAND FL 33809

Title O
Name GILMORE, BOB
Address 2446 WINNIPEG DR.
City-State-Zip: LAKELAND FL 33805

Title O
Name STAFFORD, ROSITA
Address 7566 GUNSTOCK DR
City-State-Zip: LAKELAND, FL 33809

Title O
Name DAVIS, WAYNE B
Address 6144 MAGPIE DR.
City-State-Zip: LAKELAND FL 33809

Title O
Name FISCHER, BETTY
Address 4440 ROUND UP DR.
City-State-Zip: POLK CITY FL 33868

Title O
Name FREDRIKSON, CORY
Address 5415 LIMESTONE LANE
City-State-Zip: LAKELAND FL 33805

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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

01/27/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title O
Name ESHELMAN, DIANE
Address 9547 ANGLER'S WAY
City-State-Zip: LAKELAND FL 33810