2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 26, 2004 8:00 am Secretary of State **DOCUMENT # 703967** 1. Entity Name 04-26-2004 90556 042 ****61.25 GIBSONIA BAPTIST CHURCH, INC. Principal Place of Business -Mailing Address 5440 US HIGHWAY 98 N LAKELAND FL 33809 LAKELAND FL 33809 2. Principal Place of Business 3. Mailing Address : Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E037 (11/03) Applied For City & State City & State 4. FEI Number 59-0911901 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent MELVIN HERN DON DANIEL, THOMAS E Street Address (P.O. Box Number is Not Acceptable) 2520 GEORGE WH REVER 2255 SÉAM ISLAND CIRCLE NORTH LAKELAND FL 33810 LAKELAND, FL Zip Code 33809 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE -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 Make Check Payable to \$5.00 May Be Trust Fund Contribution. Added to Fees Florida Department of State Due By May 1, 2004 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS TITLE THEE ☐ Addition Delete Change Change BERNARD J. ARTZ SMAILES, MICHAEL NAME NAME 1210 GB-GAllOWAY RD 9255 MAX CASH RD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33810 LAKELAND, FL 33810 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HERNDON, MELVIN NAME NAME 2520 GEORGE WHEELER RD. STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 CITY-ST-ZIP CITY-ST-ZIP GINNY HESTER -1555-SIR-HENRYS-TRAIL TITLE TITLE 🙀 Delete COOPER, JOYCE NAME NAME 8130 PARK/BYRD:RD: STREET ADDRESS STREET ADDRESS LAKELAND FL 33809 LAKELANDIFL 33809 CITY-ST-7IP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED