

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 14 AM 9:39

DOCUMENT # 748376 (1)

1. Corporation Name

LAKE GIBSON CHURCH OF THE NAZARENE, INC.

Principal Place of Business

Mailing Address

**6868 N. SOCRUM LP. RD.
LAKELAND FL 33809**

**6868 N. SOCRUM LP. RD.
LAKELAND FL 33809**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/03/1979

3a. Date of Last Report

04/21/1994

4. FEI Number

59-1543783

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐ **\$5.00 May Be
Added to Fees**

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☐ **\$68.75 Supplemental
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes

☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BOOTHE, BETTY L.
6868 N. SOCRUM LP. RD.
LAKELAND FL 33809**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PO
NAME	COOK, ROBERT L.
STREET ADDRESS	901 SWANN DRIVE
CITY-ST-ZIP	LAKELAND FL
TITLE	V
NAME	JUSTICE, I.W.
STREET ADDRESS	215 W. TOM COSTINE RD.
CITY-ST-ZIP	LAKELAND FL
TITLE	S
NAME	BOOTHE, BETTY L.
STREET ADDRESS	1105 LK. MIRIAM DR.
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	TALLET, BILL
STREET ADDRESS	5140 LAKE DEESON POINTE COURT
CITY-ST-ZIP	LAKELAND FL
TITLE	D
NAME	WATROUS, BETTY
STREET ADDRESS	7208 RANCH ROAD
CITY-ST-ZIP	LAKELAND FL
TITLE	T
NAME	CLARK, RUSSELL L.
STREET ADDRESS	7205 REGENT DR
CITY-ST-ZIP	LAKELAND FL

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Russell L. Clark, Treasurer 4/10/95 (813)859-3577

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Here

RUSSELL L. CLARK