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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 748376

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

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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/03/1979
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1543783 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

BOOTHE, BETTY L.
1410 WALT WILLIAMS RD
LAKELAND FL 33809

10. Name and Address of New Registered Agent

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	P	☒ Change ☐ Addition
NAME	COOK, ROBERT L		1.2 NAME	KIRBY, CHARLES L.	
STREET ADDRESS	2195 MALACHITE DR		1.3 STREET ADDRESS	7018 Parliament Place	
CITY-ST-ZIP	LAKELAND FL		1.4 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	V	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	JUSTICE, I.W.		2.2 NAME		
STREET ADDRESS	215 W. TOM COSTINE RD.		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		2.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	BOOTHE, BETTY L		3.2 NAME		
STREET ADDRESS	1410 WALT WILLIAMS RD		3.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE	D	☒ Change ☐ Addition
NAME	TALLENT, BILL		4.2 NAME	DAVID Harrell	
STREET ADDRESS	5140 LAKE DEESON POINTE COURT		4.3 STREET ADDRESS	6041 E. Hiltop Lane	
CITY-ST-ZIP	LAKELAND FL		4.4 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	D	☐ DELETE	5.1 TITLE	D	☒ Change ☐ Addition
NAME	TIMMONS, TOD		5.2 NAME	ROYCE FARLESS	
STREET ADDRESS	227 LARKSPUR LN		5.3 STREET ADDRESS	1041 O'Doniel Drive	
CITY-ST-ZIP	POLK CITY FL		5.4 CITY-ST-ZIP	Lakeland, FL 33809	
TITLE	T	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	LEMISTER, KATHY		6.2 NAME		
STREET ADDRESS	1362 HONEYTREE LANE E		6.3 STREET ADDRESS		
CITY-ST-ZIP	LAKELAND FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: Betty L. Boothe BETTY L. BOOTHE 4-21-99 859-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #