

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 16, 2001 8:00 am
Secretary of State

05-16-2001 90236 031 ****70.00

DOCUMENT # 748376

1. Entity Name

LAKE GIBSON CHURCH OF THE NAZARENE, INC.

Principal Place of Business

6868 N. SOCRUM LP. RD.
 LAKELAND FL 33809

Mailing Address

6868 N. SOCRUM LP. RD.
 LAKELAND FL 33809

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1543783

Applied For

Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

Goodwin, James

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

3816 Laurel Branch Dr.

City

Lakeland

FL

Zip Code
33810

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.

SIGNATURE

James Goodwin **JAMES Goodwin Secretary 5-3-01**

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE **P** ☐ Delete
 NAME **KIRBY, CHARLES L**
 STREET ADDRESS **7018 PARLIAMENT PLACE**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **V** ☐ Delete
 NAME **JUSTICE, I.W.**
 STREET ADDRESS **215 W. TOM COSTINE RD.**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **S** ☒ Delete
 NAME **BOOTHE, BETTY L**
 STREET ADDRESS **1410 WALT WILLIAMS RD**
 CITY-ST-ZIP **LAKELAND FL**

TITLE **D** ☐ Delete
 NAME **HARRELL, DAVID**
 STREET ADDRESS **6041 E HILTOP LANE**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **D** ☐ Delete
 NAME **FARLESS, ROYCE**
 STREET ADDRESS **1041 O'DONIEL DRIVE**
 CITY-ST-ZIP **LAKELAND FL 33809**

TITLE **T** ☐ Delete
 NAME **LEMISTER, KATHY**
 STREET ADDRESS **1362 HONEYTREE LANE E**
 CITY-ST-ZIP **LAKELAND FL**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **S** ☒ Change ☐ Addition
 NAME **Goodwin, James**
 STREET ADDRESS **3816 Laurel Branch Dr.**
 CITY-ST-ZIP **Lakeland, Fl. 33810**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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.

SIGNATURE:

CHARLES KIRBY **CHARLES KIRBY** **PASTOR/PRESIDENT** **859-3577**

CR2E037 (10/00)