2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2007 08:00 A
Secretary of State

DOCUMENT # 748376

1. Entity 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

01172007 No Chg-NP CR2E037 (4/06)

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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

GOODWIN, JAMES
3816 LAUREL BRANCH DR.
LAKELAND, FL 33810

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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) DATE

Filing Fee is $61.25
Due by May 1, 2007

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	KIRBY, CHARLES L
STREET ADDRESS	4145 CREEKWOOD LANE
CITY-ST-ZIP	MULBERRY, FL 33860
TITLE	V
NAME	BETZ, JON
STREET ADDRESS	319 SHADOW MOSS CT
CITY-ST-ZIP	LAKELAND, FL 33813
TITLE	S
NAME	GOODWIN, JAMES
STREET ADDRESS	3816 LAUREL BRANCH DR.
CITY-ST-ZIP	LAKELAND, FL 33810
TITLE	D
NAME	FAULSTICK, ROBERT
STREET ADDRESS	6203 CRANE DR
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	D
NAME	WATROUS, LLOYD
STREET ADDRESS	7206 RANCH ROAD
CITY-ST-ZIP	LAKELAND, FL 33809
TITLE	T
NAME	CASEY, BRIAN
STREET ADDRESS	10415 HALLMARK BLVD.
CITY-ST-ZIP	RIVERVIEW, FL 33569

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01/26/07-80090-008 70.00

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 1-17-07 863 859-3577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #