

**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Feb 27, 2008 08:00 AM
Secretary of State

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**



02052008 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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, 2008**

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**

U00000841771
03/11/08-80001-011 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: _____

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CHARLES KIRBY

2-6-08 (863) 859-3577

Date

Daytime Phone #