2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 748376

FILED Feb 02, 2009 Secretary of State

Entity Name: LAKE GIBSON CHURCH OF THE NAZARENE, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	OCRUM LP. RI D, FL 33809).			
Current Mailing Address:			New Mailing Addres	New Mailing Address:	
	OCRUM LP. RI D, FL 33809).			
El Number	r: 59-1543783	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired ()	
Name and	d Address of C	urrent Registered Agent:	Name and Address	of New Registered Agent:	
8816 LAU	N, JAMES REL BRANCH D, FL 33810	DR. US			
	e named entity s e of Florida.	submits this statement for the p	ourpose of changing its register	ed office or registered agent, or both	
SIGNATU	RE:				
	Electron	ic Signature of Registered Ag	ent	Date	
OFFICERS AND DIRECTORS:		ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTO		
Title: Name: Nddress: Dity-St-Zip:	P () KIRBY, CHARLI 4145 CREEKW MULBERRY, FL	OOD LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
ītle: lame: address: city-St-Zip:	V () BETZ, JON 319 SHADOW N LAKELAND, FL		Title: Name: Address: City-St-Zip:	() Change () Addition	
ītle:	S () GOODWIN, JAM 3816 LAUREL E	BRANCH DR.	Title: Name: Address: City-St-Zip:	() Change () Addition	
ddress:	LAKELAND, FL	33010	Oity Ot Elp.		
lame: ddress: Dity-St-Zip: Title: lame: ddress: Dity-St-Zip:	,	Delete DBERT R	Title: Name: Address: City-St-Zip:	() Change () Addition	
ddress: city-St-Zip: itle: lame: ddress:	D () FAULSTICK, RC 6203 CRANE D LAKELAND, FL	Delete DBERT R 33809 Delete DYD OAD	Title: Name: Address:	() Change () Addition () Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHARLES KIRBY P 02/02/2009