

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 12, 2003 8:00 am
Secretary of State

04-22-2003 90031 014 *****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

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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

☐ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GOODWIN, JAMES
3816 LAUREL BRANCH DR.
LAKELAND FL 33810

Name

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

City

FL

Zip Code

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

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

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

TITLE ☐ Delete
NAME **V**
STREET ADDRESS **BARROWS, MEL**
CITY-ST-ZIP **218 GLENRIDGE LOOP N.**
LAKELAND FL 33809

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **GOODWIN, JAMES**
CITY-ST-ZIP **3816 LAUREL BRANCH DR.**
LAKELAND FL 33810

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **PROUGH, KAREN**
CITY-ST-ZIP **2135 WOODBURY BLVD**
LAKELAND FL 33810

TITLE ☒ Delete
NAME **D**
STREET ADDRESS **WINDLEY, DAN**
CITY-ST-ZIP **2845 SUTTON RD**
LAKELAND FL 33810

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **LEMISTER, KATHY**
CITY-ST-ZIP **1382 HONEYTREE LANE E**
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 ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME **D**
STREET ADDRESS **Lloyd Watrous**
CITY-ST-ZIP **7206 Ranch Road**
Lakeland, FL. 33809

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles Kirby
CHARLES KIRBY

Date

Daytime Phone #

4-17-03 863-859-3577

CP2E037 (10/02)