FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 27 PM 3:56

DOCUMENT # N06234 (1)

1. Corporation Name
GIBSONIA CHURCH OF GOD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
1405 MAPLES ST. LAKELAND FL 33809 US	1405 MAPLE ST. LAKELAND FL 33809 US

3. Date Incorporated or Qualified: 11/09/1984
3a. Date of Last Report: 01/31/1994
4. FEI Number: 59-6161130 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

OVERBAY, CLAUD E
1405 MAPLE ST.
LAKELAND FL 33809

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	HOSEY, HOUSTON	1.2 NAME	
STREET ADDRESS	4055 PALMETTO AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIGHLAND CITY FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	DC ☒ Change ☐ Addition
NAME	LETCHWORTH, OTIS	2.2 NAME	Letchworth, Otis
STREET ADDRESS	1624 RITTEN ROAD	2.3 STREET ADDRESS	1624 Ritter Rd.
CITY-ST-ZIP	LAKELAND FL	2.4 CITY-ST-ZIP	Lakeland, Fla
TITLE	DST	3.1 TITLE	☐ Change ☐ Addition
NAME	WESTOVER, MILTON	3.2 NAME	
STREET ADDRESS	148CONNIE LEE COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	☐ Change ☐ Addition
NAME	PEARCE, WALLACE H	4.2 NAME	
STREET ADDRESS	5928 W HILLTOP LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	4.4 CITY-ST-ZIP	
TITLE	DP	5.1 TITLE	D ☒ Change ☐ Addition
NAME	COLLIN, JOHN W.	5.2 NAME	Collins, John W
STREET ADDRESS	2842 ELIZABETH PLACE	5.3 STREET ADDRESS	2842 Elizabeth Place
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	Lakeland, Fla
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Milton J Westover — 1-22-95 — 813-858-5396
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0087140