

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90046 022 \*\*\*\*61.25

**DOCUMENT # N06234**

1. Entity Name

GIBSONIA CHURCH OF GOD, INC.



Principal Place of Business

1405 MAPLES ST.  
LAKELAND FL 33810  
US

Mailing Address

1405 MAPLE ST.  
LAKELAND FL 33810  
US

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

59-6161130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MCDANIEL, DAVID  
1405 MAPLE ST  
LAKELAND FL 33810

7. Name and Address of New Registered Agent

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

*Lee J. True* Lee J. TRUE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

2-6-05

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2005**

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	D	<input type="checkbox"/> Delete
NAME	HOSEY, HOUSTON	
STREET ADDRESS	4055 PALMETTO AVE.	
CITY-ST-ZIP	HIGHLAND CITY FL	
TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	STRAIN, ERNEST E	
STREET ADDRESS	1404 MAPLE ST.	
CITY-ST-ZIP	LAKELAND FL	
TITLE	DST	<input type="checkbox"/> Delete
NAME	WESTOVER, MARIAN	
STREET ADDRESS	148CONNIE LEE COURT	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEARCE, WALLACE H	
STREET ADDRESS	612 FOREST LAKE DRIVE	
CITY-ST-ZIP	LAKELAND FL 33809	
TITLE	D	<input type="checkbox"/> Delete
NAME	COLLINS, JOHN W	
STREET ADDRESS	3929 OLD STATE RD. 37, #18	
CITY-ST-ZIP	LAKELAND FL 33813	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	JEFF PEARCE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	913 E. ORANGE ST	
STREET ADDRESS	LAKELAND, FL 33801	
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

*Marian R. Westover* MARIAN R. WESTOVER 683-858-5396

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #