

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 22, 2007 8:00 am**  
**Secretary of State**

02-22-2007 90026 008 \*\*\*\*70.00

**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 - No P.O. Box #

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

1st MOORE

CR2E037 (10/06)



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TRUE, LEE J  
350 BEACH STREET  
GROVELAND FL 34726

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 registering)

02-11-07

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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	PEARCE, JEFF	
STREET ADDRESS	913 EAST ORANGE STREET	
CITY- ST- ZIP	LAKELAND FL 33801	
TITLE	DST	<input checked="" type="checkbox"/> Delete
NAME	WESTOVER, MARIAN	
STREET ADDRESS	146CONNIE LEE COURT	
CITY- ST- ZIP	LAKELAND FL 33809	
TITLE	D ST	<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, BARBARA	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Walter Roush	
STREET ADDRESS	P.O. Box 278	
CITY- ST- ZIP	Webster, FL 33597	
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kerry T. Pearce	
STREET ADDRESS	202 Wendel Ave	
CITY- ST- ZIP	Lithia, FL 33547	
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 exemptions contained in Section 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:**

*Lee J. True* (Lee J. True) 2-11-07 (352) 429-2064

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #