

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90191 022 ****61.25

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DOCUMENT # N06234

1. Corporation Name

GIBSONIA CHURCH OF GOD, INC.

Principal Place of Business

1405 MAPLE ST.
LAKELAND FL 33810
US

Mailing Address

1405 MAPLE ST.
LAKELAND FL 33810
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/09/1984

4. FEI Number

59-6161130

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE D
NAME HOSEY, HOUSTON
STREET ADDRESS 4055 PALMETTO AVE.
CITY-ST-ZIP HIGHLAND CITY FL ☐ DELETE

TITLE DP
NAME LETCHWORTH, OTIS
STREET ADDRESS 1624 RITTEN ROAD
CITY-ST-ZIP LAKELAND FL ☒ DELETE

TITLE DST
NAME WESTOVER, MILTON
STREET ADDRESS 148 CONNIE LEE COURT
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE D
NAME PEARCE, WALLACE H
STREET ADDRESS 5928 W HILLTOP LANE
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE D
NAME COLLIN, JOHN W.
STREET ADDRESS 2842 ELIZABETH PLACE
CITY-ST-ZIP LAKELAND FL ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ERNEST E. STRAIN ☐ Change ☐ Addition
2.2 NAME 1404 Maple Street
2.3 STREET ADDRESS LAKELAND, FL
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE: *Milton Q Westover* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date 2/7/99 Daytime Phone # 941-858-5396

CR2E037 (11/98)