

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 30 AM 9:54

DOCUMENT # 727734 (6)

1. Corporation Name

THE CHURCH OF GOD (UNIVERSAL) OF BUSHNELL, FLORIDA, INC.

Principal Place of Business

Mailing Address

201 CENTRAL AVENUE
P.O. BOX 1128
BUSHNELL FL 33513

201 CENTRAL AVENUE
P.O. BOX 1128
BUSHNELL FL 33513

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/12/1973

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1858996

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

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACKAY, CHRISTINA L.
U.S. 301 NORTH
BUSHNELL FL 33513

81 Name

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

4416 S. US 301

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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ROUSH, WALTER E.
STREET ADDRESS W. HWY 50, 268 POLE BRIDGE RD.
CITY-ST-ZIP WEBSTER FL

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

TITLE D
NAME LACKAY, CHRISTINA
STREET ADDRESS 798 FT. FOSTER CRCL.
CITY-ST-ZIP BUSHNELL FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME GRAY, GAYLE GALE
STREET ADDRESS 4981 S. US 301
CITY-ST-ZIP BUSHNELL FL

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

TITLE VD
NAME TRUE, LEE
STREET ADDRESS 47 W. MYER BLVD.
CITY-ST-ZIP MASCOTTE FL

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

TITLE SD
NAME BRYANT, SONYA
STREET ADDRESS S.W. 27TH PLACE
CITY-ST-ZIP BUSHNELL FL

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christina L. Lackay
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR
CHRISTINA L. LACKAY - DIRECTOR

1/23/95

904-793-5013