

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # 727734 (6)**  
1. Corporation Name  
**THE CHURCH OF GOD (UNIVERSAL) OF BUSHNELL, FLORIDA, INC.**



Principal Place of Business  
**201 CENTRAL AVENUE  
P.O. BOX 1128  
BUSHNELL FL 33513**

Mailing Address  
**201 CENTRAL AVENUE  
P.O. BOX 1128  
BUSHNELL FL 33513**

3. Date Incorporated or Qualified  
**10/12/1973**

3a. Date of Last Report  
**01/30/1995**

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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business  
21  
Suite, Apt. #, etc.  
22  
City & State  
23  
Zip  
24

2a. Mailing Address  
26  
Suite, Apt. #, etc.  
27  
City & State  
28  
Zip  
29

Country  
25  
Country  
30

**9. Name and Address of Current Registered Agent**

**LACKAY, CHRISTINA L.  
4416 S. US 301  
BUSHNELL FL 33513**

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

**12. OFFICERS AND DIRECTORS**

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

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

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

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

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

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  Change  Addition  
2.2 NAME **DAVID E. MOFFITT**  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP **BUSHNELL, FL 33513**

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 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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **DAVID E. MOFFITT**  
Date: **4/29/96** Daytime Phone #: **352-793-5813**

CR2E037 (12/95)