

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 11 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 727734 (6)**  
1. Corporation Name  
**THE CHURCH OF GOD (UNIVERSAL) OF BUSHNELL, FLORIDA, INC.**



Principal Place of Business <b>201 CENTRAL AVENUE P.O. BOX 1128 BUSHNELL FL 33513</b>	Mailing Address <b>201 CENTRAL AVENUE P.O. BOX 1128 BUSHNELL FL 33513-1128</b>
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3. Date Incorporated or Qualified <b>10/12/1973</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>59-1858996</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
Zip <b>29</b>	Country <b>30</b>

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

**LACKAY, CHRISTINA L.  
~~4410 S. US 90+~~  
BUSHNELL FL 33513**

**10. Name and Address of New Registered Agent**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**138 BUSHNELL PLAZA, #304**  
**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	<b>PO</b> <input type="checkbox"/> DELETE
NAME	<b>ROUSH, WALTER E.</b>
STREET ADDRESS	<b>W. HWY 50, 268 POLE BRIDGE RD.</b>
CITY-ST-ZIP	<b>WEBSTER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>MOFFITT, DAVID E</b>
STREET ADDRESS	<b>798 FT. FOSTER CRCL.</b>
CITY-ST-ZIP	<b>BUSHNELL FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>GRAY, GALE</b>
STREET ADDRESS	<b>4981 S. US 301</b>
CITY-ST-ZIP	<b>BUSHNELL FL</b>
TITLE	<b>VD</b> <input type="checkbox"/> DELETE
NAME	<b>TRUE, LEE</b>
STREET ADDRESS	<b>47 W. MYER BLVD.</b>
CITY-ST-ZIP	<b>MASCOTTE FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>BRYANT, SONYA</b>
STREET ADDRESS	<b>S.W. 27TH PLACE</b>
CITY-ST-ZIP	<b>BUSHNELL FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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.

SIGNATURE: \_\_\_\_\_ **2/3/97 392-793-3455**

CR2E037 (9/96)