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NONPROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # 727734

1. Corporation Name

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

Principal Place of Business

201 CENTRAL AVENUE  
 BUSHNELL FL 33513

Mailing Address

P.O. BOX 1128  
 BUSHNELL FL 33513  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/12/1973

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-1858996

Applied For

Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LACKAY, CHRISTINA L.  
 138 BUSHNELL PLAZA #304  
 BUSHNELL FL 33513

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  DELETE  
 NAME RUSH, BEN  
 STREET ADDRESS 807 W. NOBLE AVE.  
 CITY-ST-ZIP BUSHNELL FL

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

TITLE D  DELETE  
 NAME MOFFITT, DAVID E  
 STREET ADDRESS 798 FT. FOSTER CRCL.  
 CITY-ST-ZIP BUSHNELL FL

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

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

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

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

4.1 TITLE  Change  Addition  
 4.2 NAME V D  
 4.3 STREET ADDRESS BLOOMFIELD, ALTON  
 4.4 CITY-ST-ZIP 2235 CR 753  
 WEBSTER, FL 33597

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

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 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:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/99

352-793-5813

Date Daytime Phone #

CR2E037 (1/198)