

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2004 08:00 AM
Secretary of State

DOCUMENT # 727734
 1. Entity 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**

DO NOT WRITE IN THIS SPACE



04062004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-1858996	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
**LACKAY, CHRISTINA L.
 407 NORTH WEST STREET
 BUSHNELL, FL 33513**

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	04/21/04-80027-015 61.25
---	---	--------------------------

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD RUSH, BEN 11101 MELODY LANE DADE CITY, FL 33525
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D MOFFITT, DAVID E 316 EAST NOBLE AVENUE BUSHNELL, FL 33513
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD GRAY, GALE 4981 S. US 301 BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VD BLOOMFIELD, ALTON 2235 CR 753 WEBSTER, FL 33597
TITLE NAME STREET ADDRESS CITY - ST - ZIP	SD BRYANT, SONIA S.W. 27TH PLACE BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN RUSH PRES. **4/19/04** **352-793-5813**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #