

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 26, 2006 8:00 am**  
**Secretary of State**

04-26-2006 90209 021 \*\*\*\*61.25

**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**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

03062006

Chg-NP

CR2E037 (11/05)

City & State

City & State

4. FEI Number  
**59-1858996**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**LACKAY, CHRISTINA L.  
407 NORTH WEST STREET  
BUSHNELL, FL 33513**

Name

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

City

**FL**

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2006**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

**Make check payable to  
Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME RUSH, BEN ☐ Delete  
STREET ADDRESS 11101 MELODY LANE  
CITY-ST-ZIP DADE CITY, FL 33525

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME TRUE, WANDA ☐ Delete  
STREET ADDRESS P.O. BOX 37  
CITY-ST-ZIP MASCOTTE, FL 34753

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D  
NAME DARULLA, PAM ☐ Delete  
STREET ADDRESS P.O. BOX 404  
CITY-ST-ZIP CENTER HILL, FL 33514

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

*Bushnell*

BEN RUSH, PRES.

4/21/06

(352) 793-3455