


**2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Feb 28, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 727734**


1. Entity Name  
**THE CHURCH OF GOD (UNIVERSAL) OF BUSHNELL, FLORIDA, INC.**



Principal Place of Business      Mailing Address

**201 CENTRAL AVENUE**      **P.O. BOX 1128**  
**BUSHNELL, FL 33513**      **BUSHNELL, FL 33513 US**

**DO NOT WRITE IN THIS SPACE**



02222008 No Chg-NP      CR2E037 (4/06)

4. FEI Number <b>59-1858996</b>	Applied For
	Not Applicable

5. Certificate of Status Desired        **\$8.75 Additional Fee Required**

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

**LACKAY, CHRISTINA L.**  
**2590 CR 48**  
**BUSHNELL, FL 33513**

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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)      DATE \_\_\_\_\_

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

**9. Election Campaign Financing Trust Fund Contribution.**        **\$5.00 May Be Added to Fees**

**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 TRUE, WANDA P.O. BOX 37 MASCOTTE, FL 34753
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GRAY, GALE 4981 S. US 301 BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DARULLA, PAM P.O. BOX 404 CENTER HILL, FL 33514
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD BRYANT, SONYA S.W. 27TH PLACE BUSHNELL, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000842606  
 03/11/08-80037-021 61.25

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**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:** *Bentley*      2/25/08      552-793-5813

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR      Date      Daytime Phone #