

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 727734

FILED  
Mar 13, 2009  
Secretary of State

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

**Current Principal Place of Business:**

201 CENTRAL AVENUE  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 1128  
BUSHNELL, FL 33513 US

**New Mailing Address:**

FEI Number: 59-1858996      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

LACKAY, CHRISTINA L.  
2590 N-CR 48  
BUSHNELL, FL 33513 US

**Name and Address of New Registered Agent:**

LACKAY, CHRISTINA L.  
2590 W-CR 48  
BUSHNELL, FL 33513 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

03/13/2009

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RUSH, BEN  
Address: 11101 MELODY LANE  
City-St-Zip: DADE CITY, FL 33525

Title: D ( ) Delete  
Name: TRUE, WANDA  
Address: P.O. BOX 37  
City-St-Zip: MASCOTTE, FL 34753

Title: TD ( ) Delete  
Name: GRAY, GALE  
Address: 4981 S. US 301  
City-St-Zip: BUSHNELL, FL

Title: D ( ) Delete  
Name: DARULLA, PAM  
Address: P.O. BOX 404  
City-St-Zip: CENTER HILL, FL 33514

Title: SD ( ) Delete  
Name: BRYANT, SONYA,  
Address: S.W. 27TH PLACE  
City-St-Zip: BUSHNELL, FL

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: GRAY, GALE  
Address: 8443 RAMBLER DRIVE  
City-St-Zip: BROOKSVILLE, FL 34601

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BEN RUSH

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

PD

03/13/2009

\_\_\_\_\_  
Date