

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 732648

FILED  
Jun 15, 2007  
Secretary of State

**Entity Name:** BUSHNELL PRESBYTERIAN CHURCH, INC.

**Current Principal Place of Business:**

323 N. BROAD STREET  
BUSHNELL, FL 33513

**New Principal Place of Business:**

**Current Mailing Address:**

323 N. BROAD STREET  
BUSHNELL, FL 33513

**New Mailing Address:**

**FEI Number:** 59-2249629      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

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

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

WATSON, ARLENE  
12349 SW 38TH TERRACE  
WEBSTER, FL 33597 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

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: T ( ) Delete  
Name: WEIR, RUSS  
Address: 207 JASPER ST.  
City-St-Zip: BUSHNELL, FL 33513

Title: T ( ) Delete  
Name: HEROUX, JOYCE  
Address: 12433 E TRAILS END RD.  
City-St-Zip: FLORAL CITY, FL 34435

Title: T ( ) Delete  
Name: CADMAN, DOROTHY  
Address: 3693 CR 406  
City-St-Zip: LAKE PANASOFFKEE, FL 33538

Title: T ( ) Delete  
Name: WATSON, ARLENE  
Address: 12349 SW 38TH TERRACE  
City-St-Zip: WEBSTER, FL 33597

Title: T ( ) Delete  
Name: PEAVEY, PATRICIA  
Address: 10722 CT 683D  
City-St-Zip: WEBSTER, FL 33513

Title: T ( ) Delete  
Name: SYRON, DONALD  
Address: 5760 SW 18TH TERRACE  
City-St-Zip: BUSHNELL, FL 33513

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

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

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

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

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

Title: T (X) Change ( ) Addition  
Name: PEAVEY, PATRICIA  
Address: 10722 CR 683D  
City-St-Zip: WEBSTER, FL 33597

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: ARLENE WATSON

T

06/15/2007

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date