

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 11, 2006 8:00 am**  
**Secretary of State**

05-11-2006 90247 030 \*\*\*\*61.25

**DOCUMENT # 742571**

1. Entity Name

**BUSHNELL CHURCH OF CHRIST, INC.**



Principal Place of Business

310 DADE AVE.  
PO BOX 310  
BUSHNELL FL 33513

Mailing Address

310 DADE AVE.  
PO BOX 310  
BUSHNELL FL 33513



2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-1886519**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

1st MOORE

CR2E037 (10/05)

6. Name and Address of Current Registered Agent

**MCKENDREE, ROBERT C**  
**693 CR 463 -A**  
**LAKE PANASOFFKEE FL 33538**

7. Name and Address of New Registered Agent

Name **GLENN FRAZIER**

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

**11854 SW 29th DRIVE**

City **WEBSTER**

FL

Zip Code **33597**

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

*Robert C McKendree STD Robert C McKendree*

*5-9-06*

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**FILE NOW: 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

TITLE **PD** ☒ Delete  
NAME **REYNOLDS, LENDO JR.**  
STREET ADDRESS **307 HWY. 470**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **STD** ☐ Delete  
NAME **MCKANDREE, ROBERT C**  
STREET ADDRESS **693 CR 463 -A**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **VPD** ☒ Delete  
NAME **GRICE, WARREN A**  
STREET ADDRESS **12464 CR 727**  
CITY-ST-ZIP **WEBSTER FL 33597**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VP** ☐ Change ☒ Addition  
NAME **HOLLIS CRESS**  
STREET ADDRESS **2156 CR 437A**  
CITY-ST-ZIP **LAKE PANASOFFKEE FL 33538**

TITLE **PD** ☒ Change ☐ Addition  
NAME  
STREET ADDRESS **SAME**  
CITY-ST-ZIP

TITLE **STD** ☐ Change ☒ Addition  
NAME **GLENN FRAZIER**  
STREET ADDRESS **11854 SW 29th Drive**  
CITY-ST-ZIP **WEBSTER, FL 33597**

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

TITLE ☐ Change ☐ Addition  
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 Section 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:** *Robert C McKendree Robert C McKendree 5-9-06 352 993 6760*