

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N26146

FILED
Jan 12, 2009
Secretary of State

Entity Name: BUSHNELL FULL GOSPEL ASSEMBLY OF GOD, INC.

Current Principal Place of Business:

1451 WEST C-476
BUSHNELL, FL 33513 US

New Principal Place of Business:

Current Mailing Address:

P O BOX 1625
P.O. BOX 1625
BUSHNELL, FL 33513 US

New Mailing Address:

FEI Number: 59-2889523 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

CRANE, CLARENCE J
7015 CR 561B
BUSHNELL, FL 33513 US

Name and Address of New Registered Agent:

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: PD () Delete
Name: CRANE, CLARENCE J
Address: 7015 CR 561B
City-St-Zip: BUSHNELL, FL 33513

Title: TD () Delete
Name: STRICKLAND, JOSEPH P
Address: 314 N. YORK ST.
City-St-Zip: BUSHNELL, FL 33513

Title: SD () Delete
Name: BURNS, KENNETH E
Address: 656 E BELT AVENUE
City-St-Zip: BUSHNELL, FL 33513

Title: D (X) Delete
Name: CHESLING, HOWARD
Address: 7388 SW 48TH WAY
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: JORDAN, STEVE
Address: 7245 CR 625
City-St-Zip: BUSHNELL, FL 33513

Title: D () Delete
Name: COLLINS, JOHN B
Address: 46 GEORGIA AVENUE
City-St-Zip: CENTER HILL, FL 33514

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
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Address:
City-St-Zip:

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: CLARENCE J. CRANE

PD

01/12/2009

Electronic Signature of Signing Officer or Director

Date