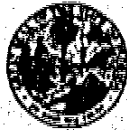


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 13 AM 10:56

DOCUMENT # 701050 (7)

1. Corporation Name

FOREST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA
INC.

Principal Place of Business

Mailing Address

3134 TROUT RIVER BLVD
JACKSONVILLE FL 32208

3134 TROUT RIVER BLVD
JACKSONVILLE FL 32208

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/07/1960

3a. Date of Last Report

02/08/1994

4. FEI Number

59-2074191

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BUNTING, JACK
RT 2, BOX 565
CALLAHAN FL 32211

81 Name

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

83

84 City

FL

85

Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	CD
NAME	BUNTING, JACK
STREET ADDRESS	RT 2 BOX 565
CITY-ST-ZIP	CALLAHAN FL
TITLE	V
NAME	HOFFMAN, MARK
STREET ADDRESS	2152 HOVINGTON CIRCLE E
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	TD
NAME	DAVIS, CHRYSTEEN
STREET ADDRESS	11406 AMERICANA LANE
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	D
NAME	BUNTING, JACK
STREET ADDRESS	RT 2 BOX 565
CITY-ST-ZIP	CALLAHAN FL
TITLE	D
NAME	UGRINICH, JAN
STREET ADDRESS	327 RIO ROAD
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	S
NAME	JONES, JACKIE
STREET ADDRESS	1000 BROWARD ROAD, APT. #1007
CITY-ST-ZIP	JACKSONVILLE FL

1.1 TITLE	C	☒ Change ☐ Addition
1.2 NAME	Boatright, Walter	
1.3 STREET ADDRESS	Rt 4 Box 303	
1.4 CITY-ST-ZIP	Callahan, FL 32011	
2.1 TITLE	V	☒ Change ☐ Addition
2.2 NAME	Ammons, John W.	
2.3 STREET ADDRESS	11512 Young Road	
2.4 CITY-ST-ZIP	Jacksonville, FL 32218	
3.1 TITLE	ATD	☒ Change ☐ Addition
3.2 NAME	Harris, Dewey	
3.3 STREET ADDRESS	10404 Briarcliff Rd, S	
3.4 CITY-ST-ZIP	Jacksonville, FL 32218	
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Hoffman, Patsy	
4.3 STREET ADDRESS	316 Rio Road	
4.4 CITY-ST-ZIP	Jacksonville, FL 32218	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	S	☒ Change ☐ Addition
6.2 NAME	Windhaus, Sandra	
6.3 STREET ADDRESS	11517 Young Road	
6.4 CITY-ST-ZIP	Jacksonville, FL 32218	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Christeen S. Davis* (Christeen S. Davis)

3-8-95

904-757-5913

11406 Americana Lane
Jacksonville, FL 32218

Treasurer

Date

Daytime Phone #

000000