

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



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

1996 2-27-96

B- 1619 (7) E

DOCUMENT # 701050

1. Corporation Name
FOREST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA, INC.



Principal Place of Business: 3134 TROUT RIVER BLVD JACKSONVILLE FL 32208
Mailing Address: 3134 TROUT RIVER BLVD JACKSONVILLE FL 32208

3. Date Incorporated or Qualified: 06/07/1960
3a. Date of Last Report: 03/13/1995
4. FEI Number: 59-2074191
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent: BUNTING, JACK RT 2, BOX 565 CALLAHAN FL 32211
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code (FL)

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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: C	BOATRIGHT, WALTER RT 4 BOX 303 CALLAHAN FL	1.1 TITLE: C	Hoffman, Patsy 316 Rio Rd. Jacksonville, FL 32218
NAME:		1.2 NAME:	
STREET ADDRESS:		1.3 STREET ADDRESS:	
CITY-ST-ZIP:		1.4 CITY-ST-ZIP:	
TITLE: V	AMMONS, JOHN W. 1152 YOUNG RD JACKSONVILLE FL	2.1 TITLE: V	Bunting, Todd RT 2 Box 575 Callahan, FL 32011
NAME:		2.2 NAME:	
STREET ADDRESS:		2.3 STREET ADDRESS:	
CITY-ST-ZIP:		2.4 CITY-ST-ZIP:	
TITLE: ATD	HARRIS, DEWEY 10404 BRIARCLIFF RD S JACKSONVILLE FL	3.1 TITLE:	
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE: D	HOFFMAN, PATSY 316 RIO RD JACKSONVILLE FL	4.1 TITLE:	
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE: D	UGRINICH, JAN 327 RIO ROAD JACKSONVILLE FL	5.1 TITLE: D	Lay, Mary B. 2302 Ribault Scenic Dr Jacksonville, FL 32208
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE: S	WINDHAUS, SANDRA 11517 YOUNG RD JACKSONVILLE FL	6.1 TITLE:	
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		6.4 CITY-ST-ZIP:	

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Chrysteen S. Davis* / Chrysteen S. Davis 2/20/96 904-757-5913

CR2E037 (12/95)