

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 09 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **701050** (7)

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	
4. FEI Number 59-2074191	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 13733 N. Main St. Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 26343 Suite, Apt. #, etc.		
22 City & State 23 Jacksonville, FL	27 City & State 28 Jacksonville, FL		
24 Zip 32218	25 Country USA	29 Zip 32226-6343	30 Country USA

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No NA	

9. Name and Address of Current Registered Agent BUNTING, JACK 4453 BURGESS RD CALLAHAN FL 32011	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

10. Name and Address of New Registered Agent	
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C	1.1 TITLE	C
NAME	BUNTING TODD	1.2 NAME	Jack Bunting
STREET ADDRESS	2024 COOK DR	1.3 STREET ADDRESS	4453 Burgess Rd.
CITY-ST-ZIP	CALLAHAN FL	1.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE	V	2.1 TITLE	V
NAME	WINDHAUS, ROBERT	2.2 NAME	John W. Ammons, Sr.
STREET ADDRESS	11517 YOUNG RD	2.3 STREET ADDRESS	11512 Young Rd.
CITY-ST-ZIP	JACKSONVILLE FL	2.4 CITY-ST-ZIP	Jacksonville, FL 32218
TITLE	ATD	3.1 TITLE	
NAME	HARRIS, DEWEY	3.2 NAME	
STREET ADDRESS	10404 BRIARCLIFF RD S	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	D
NAME	HOFFMAN, PATSY	4.2 NAME	Walter Boatright, Jr
STREET ADDRESS	316 RIO RD	4.3 STREET ADDRESS	3035 Merle
CITY-ST-ZIP	JACKSONVILLE FL	4.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE	D	5.1 TITLE	D
NAME	LAY, MARY B	5.2 NAME	Shirley Bunting
STREET ADDRESS	2302 RIBAUT SCENIC DRIVE	5.3 STREET ADDRESS	4453 Burgess Rd
CITY-ST-ZIP	JACKSONVILLE FL	5.4 CITY-ST-ZIP	Callahan, FL 32011
TITLE	S	6.1 TITLE	
NAME	HARRIS, ANNE	6.2 NAME	
STREET ADDRESS	1832 BARD ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL	6.4 CITY-ST-ZIP	

Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
Change <input type="checkbox"/> Addition <input type="checkbox"/>
Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
Change <input type="checkbox"/> Addition <input type="checkbox"/>

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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* *2/22/98 904-757-5913*

CR2E037 (10/97)