

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 11, 2004 8:00 am
Secretary of State

02-11-2004 90021 035 ****61.25

DOCUMENT # 701050	
1. Entity Name FOREST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA, INC.	



Principal Place of Business 13733 N. MAIN STREET JACKSONVILLE, FL 32218 US	Mailing Address P.O. BOX 26343 JACKSONVILLE, FL 32226-6343 US
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54004665



2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01222004 Chg-NP CR2E037 (10/03)

4. FEI Number 59-2074191	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent BUNTING, JACK 4453 BURGESS RD CALLAHAN, FL 32011		7. Name and Address of New Registered Agent Name <u>Anne Harris, Chair</u> Street Address (P.O. Box Number is Not Acceptable) <u>11517 Young Road</u> City <u>Jacksonville</u> FL Zip Code <u>32218</u>	
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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 <u>Anne Harris</u> <small>Signature, typed or printed name of registered agent and title if applicable.</small>	<u>Anne Harris</u> <u>2/8/04</u> <small>(NOTE: Registered agent signature required when reinstating) DATE</small>

Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C HARRIS, ANNE 1092 BARD ST. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Chair of Board Anne Harris 11517 Young Road Jax, FL 32218 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, DEWEY A 10404 BRIARCLIFF RD. SO. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TURNER, PAUL 2364 NEW BERLIN RD. JACKSONVILLE, FL 32218 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BOATRIGHT, WALTER JR. 3035 MARLEE CALLAHAN, FL 32001 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BUNTING, SHIRLEY 4453 BURGESS ROAD CALLAHAN, FL 32011 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Tom Watts 7612 North Laura Street Jax, FL 32208 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PFIESTER, LISA 3762 LAFFITES WAY YULEE, FL 32097 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Patricia Steed 11467 Avery Drive Jax, FL 32218 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

12. 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 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: <u>Anne Harris</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>	<u>2/8/04</u> <small>Date Daytime Phone #</small>

Attachment # 701050



54004665

FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

January 22, 2004

FOREST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA, INC.
P.O. BOX 26343
JACKSONVILLE, FL 32226-6343 US

SUBJECT: FOREST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA,
INC.

Ref. Number: 701050

We have received your document for FOREST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA, INC. and check(s) totaling \$61.25. However, your check(s) and document are being returned for the following:

Although you attempted to file your annual report form online, you did not successfully complete the process. Therefore, we are returning the enclosed check along with an annual report form for you to complete. Please return the completed form and check to this office for processing.

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Tina Roberts
Document Specialist

Letter Number: 304A00003863

(2/10) 245-6059

If you have any questions concerning the filing of your document, please call (850) 245-6059.

Document Specialist

Document Specialist



Attachment - # 701050

Division of Corporations

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Document Number

701050

Business Entity Name

FOREST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA, INC.

FEI Number

592074191

FEI Number Status

Applied For

Not Applicable

Current

Certificate of Status Desired

Yes

No

\$8.75 each

Principal Place of Business

Address

13773 N. MAIN STREET

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

32218

US

Mailing Address

Address

P.O. BOX 26343

Suite, Apt. #, etc.

City, State

JACKSONVILLE

FL

Zip Code & Country

322266343

US

Name And Address of Registered Agent

Name (Last, First, Middle, Title)

-or- RA Business Name

Rev. Darrell G. Olges

Address

8775 Como Lake Drive

Suite, Apt. #, etc.

City, State

Jacksonville

FL

Zip Code & Country

32256

US

If Registered Agent (RA) is changed, the new RA must type their name in the 'Registered Agent Signature' block below. RA signature MUST be an individual name. If the RA is a business entity, an individual must sign on their behalf. A business entity cannot serve as its own RA.

Registered Agent Signature Darrell G. Olges, Pastor



Division of Corporations

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Business Entity Name

FOREST CHRISTIAN CHURCH OF JACKSONVILLE, FLORIDA, INC.

Election Campaign Financing Trust Fund Contribution Yes No

Officer/Director Name And Address

Title C
Name (Last, First, Middle, Title) HARRIS ANNE
-or- Entity Name
Street Address 11517 Young Road
City, State JACKSONVILLE FL
Zip Code & Country 32218

Title T
Name (Last, First, Middle, Title) HARRIS Dewey A
-or- Entity Name
Street Address 10404 BRIARCLIFF RD. SO.
City, State JACKSONVILLE FL
Zip Code & Country 32218

Title D
Name (Last, First, Middle, Title) TURNER PAUL
-or- Entity Name
Street Address 2364 NEW BERLIN RD.
City, State JACKSONVILLE FL
Zip Code & Country 32218

Title D
Name (Last, First, Middle, Title) BOATRIGHT WALTER JR.
-or- Entity Name
Street Address 3035 MARLEE

Attachments # 701050

54004665

City, State	CALLAHAN	FL
Zip Code & Country	32001	
Title	D	
Name (Last, First, Middle, Title)	BUNTING	SHIRLEY
-or- Entity Name		
Street Address	55170 Cook Drive	
City, State	CALLAHAN	FL
Zip Code & Country	32011	
Title	S	
Name (Last, First, Middle, Title)	Steed	Patricia
-or- Entity Name		
Street Address	11467 Avery Drive	
City, State	Jacksonville	FL
Zip Code & Country	32218	

An individual named above must type their name in the 'Officer/Director Signature' block below. A corporate name is not allowed in this block.

Title	Chair
Officer/Director Signature	Anne Harris

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