


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 24, 2005 8:00 am
Secretary of State

02-24-2005 90035 010 ****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 26046 JACKSONVILLE FL 32226-6343 US		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 13733 N. MAIN ST Suite, Apt. #, etc.			
City & State		City & State JACKSONVILLE FL		4. FEI Number 59-2074191	
Zip 32218		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HARRIS, ANNE 11517 YOUNG RD. JACKSONVILLE FL 32218				7. Name and Address of New Registered Agent Name: JACK G. BUNTING Street Address (P.O. Box Number is Not Acceptable) 55170 COOK DR City: CALLAHAN FL Zip Code: 32011	
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><i>Jack G. Bunting</i></u> DATE: <u>2-13-05</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2005		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	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB HARRIS, ANNE 11517 YOUNG RD. JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB JACK G. BUNTING 55170 COOK DR CALLAHAN, FL 32011
<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T HARRIS, DEWNY 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		<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		<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		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, TOM 7612 NORTH LAURA ST. JACKSONVILLE FL 32208	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S STEED, PATRICIA 11467 AVERY DRIVE JACKSONVILLE FL 32218	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
<input type="checkbox"/> Change <input type="checkbox"/> Addition		<input type="checkbox"/> Change <input 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:

Jack G. Bunting
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-13-05
Date

Daytime Phone #