

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Sep 01, 2006 8:00 am
Secretary of State

09-01-2006 90001 012 ****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

13733 N. MAIN STREET
JACKSONVILLE FL 32218
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E037 (4/06)

4. FEI Number
59-2074191

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

BUNTING, JACK G
55170 COOK DR
CALLAHAN FL 32011

Name

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

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reconstituting)

DATE

FILE NOW: FEE IS \$61.25
Due By September 6, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	COB BUNTING, JACK G 55170 COOK DR CALLAHAN FL 32011	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T HARRIS, DEWNY A 10404 BRIARCLIFF RD. SO. JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Delete
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	D BOATRIGHT, WALTER JR. 3035 MARLEE CALLAHAN FL 32001	<input type="checkbox"/> Delete
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	S STEED, PATRICIA 11467 AVERY DRIVE JACKSONVILLE FL 32218	<input checked="" type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TREASURE Shirley A. Bunting 55170 COOK DR Callahan, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S WALTER Rodgers 54021 Spring Lakes Drive Callahan, FL 32011	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

JACK G. BUNTING

8-22-06

904-879-2897

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #