

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Apr 11, 2007 8:00 am**  
**Secretary of State**

04-11-2007 90030 019 \*\*\*\*61.25

**DOCUMENT # 701050**

1. Entity Name

FOREST CHRISTIAN CHURCH OF JACKSONVILLE,  
FLORIDA, INC.



Principal Place of Business

Mailing Address

13733 N. MAIN STREET  
JACKSONVILLE FL 32218  
US

13733 N. MAIN STREET  
JACKSONVILLE FL 32218  
US

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2074191

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/06)



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 registering)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE  
NAME COB  
STREET ADDRESS BUNTING, JACK G  
CITY-STATE-ZIP 55170 COOK DR  
CALLAHAN FL 32011 ☐ Delete

TITLE  
NAME D  
STREET ADDRESS JACK G. BUNTING  
CITY-STATE-ZIP 55170 COOK DR  
CALLAHAN, FL 32011 ☒ Change ☐ Addition

TITLE  
NAME T  
STREET ADDRESS BUNTING, SHIRLEY A  
CITY-STATE-ZIP 55170 COOK DR  
CALLAHAN FL 32011 ☒ Delete

TITLE  
NAME T  
STREET ADDRESS PATRICIA A. STEED  
CITY-STATE-ZIP 3665 RIVERSIDE AVE  
JACKSONVILLE, FL 32205 ☐ Change ☒ Addition

TITLE  
NAME D  
STREET ADDRESS TURNER, PAUL  
CITY-STATE-ZIP 2364 NEW BERLIN RD.  
JACKSONVILLE FL 32218 ☐ Delete

TITLE  
NAME COB  
STREET ADDRESS PAUL TURNER  
CITY-STATE-ZIP 2364 NEW BERLIN RD  
JACKSONVILLE, FL 32218 ☒ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS BOATRIGHT, WALTER JR.  
CITY-STATE-ZIP 3035 MARLEE  
CALLAHAN FL 32001 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME D  
STREET ADDRESS WATTS, TOM  
CITY-STATE-ZIP 7612 NORTH LAURA ST.  
JACKSONVILLE FL 32208 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-STATE-ZIP ☐ Change ☐ Addition

TITLE  
NAME S  
STREET ADDRESS RODGERS, WALTER  
CITY-STATE-ZIP 54021 SPRING LAKES DRIVE  
CALLAHAN FL 32011 ☒ Delete

TITLE  
NAME S  
STREET ADDRESS JIM PARKINGTON  
CITY-STATE-ZIP 13733 N. MAIN ST  
JACKSONVILLE, FL 32218 ☐ Change ☒ Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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:

*Patricia A. Steed*

PATRICIA A. STEED

4-2-07

904-381-4807

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #