

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 08:00 AM
Secretary of State

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 - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/07)

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 filed applicable.

(NOTE: Registered Agent signature required when reconstituting)

DATE

**FILE NOW: FEE IS \$61.25
Due By May 1, 2008**

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 ☐ Delete
NAME **B**
STREET ADDRESS **BUNTING, JACK G**
CITY- ST- ZIP **55170 COOK DR
CALLAHAN FL 32011**

TITLE ☐ Delete
NAME **T**
STREET ADDRESS **STEED, PATRICIA R**
CITY- ST- ZIP **3665 RIVERSIDE AVE.
JACKSONVILLE FL 32205**

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

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

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

TITLE ☐ Delete
NAME **S**
STREET ADDRESS **PARKINGTON, JIM**
CITY- ST- ZIP **13733 N MAIN ST
JACKSONVILLE FL 32218**

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS **U000000888216**
CITY- ST- ZIP **04/22/08-80030-001 \$1.25**

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

TITLE ☐ Change ☐ Addition
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CITY- ST- ZIP

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STREET ADDRESS
CITY- ST- ZIP

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

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 Steed* **PATRICIA STEED** 4-7-08 904-381-4807