


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

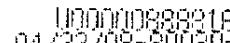
FILED
Apr 09, 2008 08:00 AM
Secretary of State

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
6. Name and Address of Current Registered Agent BUNTING, JACK G 55170 COOK DR CALLAHAN FL 32011		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
4. FEI Number 59-2074191 Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/>			
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and filed applicable. (NOTE: Registered Agent signature required when reinstating)</small>			



1st MOORE CR2E037 (10/07)

FILE NOW: FEE IS \$61.25 Due By May 1, 2008	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	B BUNTING, JACK G <input type="checkbox"/> Delete 55170 COOK DR CALLAHAN FL 32011	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <div style="text-align: center;">  04/22/08-80030-001 \$1.25 </div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T STEED, PATRICIA R <input type="checkbox"/> Delete 3665 RIVERSIDE AVE. JACKSONVILLE FL 32205	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COB TURNER, PAUL <input type="checkbox"/> Delete 2364 NEW BERLIN RD. JACKSONVILLE FL 32218	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. <input type="checkbox"/> Delete 3035 MARLEE CALLAHAN FL 32001	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WATTS, TOM <input type="checkbox"/> Delete 7612 NORTH LAURA ST. JACKSONVILLE FL 32208	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S PARKINGTON, JIM <input type="checkbox"/> Delete 13733 N MAIN ST JACKSONVILLE FL 32218	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 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