

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 07, 2003 8:00 am**  
**Secretary of State**

03-07-2003 90088 033 \*\*\*\*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 26343  
JACKSONVILLE FL 32226-6343  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



☒ CHECK HERE IF MAKING CHANGES

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  
4453 BURGESS RD  
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 reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

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 **C** ☒ Delete  
NAME **TURNER, PAUL**  
STREET ADDRESS **2364 NEW BERLIN ROAD**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **C** ☒ Change ☐ Addition  
NAME **ANNE HARRIS**  
STREET ADDRESS **1832 BARD ST**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32218**

TITLE **T** ☒ Delete  
NAME **HARRIS, ANNE**  
STREET ADDRESS **1832 BARD DRIVE**  
CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE **T** ☒ Change ☐ Addition  
NAME **DEWEY A. HARRIS**  
STREET ADDRESS **10404 BRIARCLIFF RD. SO.**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32218**

TITLE **ATD** ☒ Delete  
NAME **HARRIS, DEWEY**  
STREET ADDRESS **10404 BRIARCLIFF RD S**  
CITY-ST-ZIP **JACKSONVILLE FL**

TITLE **D** ☒ Change ☐ Addition  
NAME **PAUL TURNER**  
STREET ADDRESS **2364 NEW BERLIN RD.**  
CITY-ST-ZIP **JACKSONVILLE, FL. 32218**

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

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

TITLE **D** ☐ Delete  
NAME **BUNTING, SHIRLEY**  
STREET ADDRESS **4453 BURGESS ROAD**  
CITY-ST-ZIP **CALLAHAN FL 32011**

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

TITLE **S** ☐ Delete  
NAME **PFIESTER, LISA**  
STREET ADDRESS **3762 LAFFITES WAY**  
CITY-ST-ZIP **YULEE FL 32097**

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 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:

**SIG DEWEY A. HARRIS**

**3-5-03 9047510381**

CR2E037 (10/02)