## 2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000002510

Entity Name: FORWARD CHRISTIAN CENTER INC.

## **Current Principal Place of Business:**

10696-14 LEM TURNER RD JACKSONVILLE, FL 32218

## **Current Mailing Address:**

2651 ARMSDALE RD JACKSONVILLE, FL 32218

# FEI Number: 45-4842055

### Name and Address of Current Registered Agent:

WILLIAMS, CHARLES BJR. 2651 ARMSDALE RD JACKSONVILLE, FL 32218 US

FILED Mar 29, 2017

Secretary of State

CC5136366961

Date

Certificate of Status Desired: No

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.

#### SIGNATURE:

Electronic Signature of Registered Agent

# Officer/Director Detail :

Title	Р	Title	VP
Name	WILLIAMS, CHARLES BJR.	Name	WILLIAMS, AZALEA N
Address	2651 ARMSDALE RD	Address	2651 ARMSDALE RD
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	SECT	Title	OFFICER
Name	DURHAM , SANDRA	Name	WILLIAMS, CHRISTOPHER J
Address	1060 MONTEGO BAY DR S	Address	162 ASHBURY CT
City-State-Zip:	JACKSONVILLE FL 32218	City-State-Zip:	JACKSONVILLE FL 32218
Title	OFFICER	Title	TREASURER
Title Name	OFFICER FOSTER, TERESA	Title Name	TREASURER FLOURNOY , CYNTHIA
Name	FOSTER, TERESA	Name	FLOURNOY , CYNTHIA 7525 WAKEFIELD AVE
Name Address	FOSTER, TERESA 1330 FLORIDA AVE	Name Address	FLOURNOY , CYNTHIA 7525 WAKEFIELD AVE
Name Address City-State-Zip:	FOSTER, TERESA 1330 FLORIDA AVE JACKSONVILLE FL 32206	Name Address City-State-Zip:	FLOURNOY , CYNTHIA 7525 WAKEFIELD AVE JACKSONVILLE FL 32208
Name Address City-State-Zip: Title	FOSTER, TERESA 1330 FLORIDA AVE JACKSONVILLE FL 32206 DEACON	Name Address City-State-Zip: Title	FLOURNOY , CYNTHIA 7525 WAKEFIELD AVE JACKSONVILLE FL 32208 OFFICER
Name Address City-State-Zip: Title Name	FOSTER, TERESA 1330 FLORIDA AVE JACKSONVILLE FL 32206 DEACON HOBBS, MAURICE 440060 HUNTER GREEN DR	Name Address City-State-Zip: Title Name	FLOURNOY , CYNTHIA 7525 WAKEFIELD AVE JACKSONVILLE FL 32208 OFFICER FREEMAN, EMMANUEL 11440 VC JOHNSON RD

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

#### SIGNATURE: CHARLES B WILLIAMS

PRESIDENT

03/29/2017

Electronic Signature of Signing Officer/Director Detail