

**2016 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

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

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

*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

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name WILLIAMS, CHARLES BJR.  
Address 2651 ARMSDALE RD  
City-State-Zip: JACKSONVILLE FL 32218

Title VP  
Name WILLIAMS, AZALEA N  
Address 2651 ARMSDALE RD  
City-State-Zip: JACKSONVILLE FL 32218

Title SECT  
Name DURHAM, SANDRA  
Address 1060 MONTEGO BAY DR S  
City-State-Zip: JACKSONVILLE FL 32218

Title TREASURER  
Name WILLIAMS, CHRISTOPHER J  
Address 5549 CABOT DR N  
City-State-Zip: JACKSONVILLE FL 32244

Title OFFICER  
Name FOSTER, TERESA  
Address 1330 FLORIDA AVE  
City-State-Zip: JACKSONVILLE FL 32206

Title OFFICER  
Name FLOURNOY, CYNTHIA  
Address 7200 POWERS AVE  
#41  
City-State-Zip: JACKSONVILLE FL 32217

Title DEACON  
Name HOBBS, MAURICE  
Address 440060 HUNTER GREEN DR  
City-State-Zip: CALLAHAN FL 32011

*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 JR

**PRESIDENT**

**03/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date