

**2021 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 US

**FEI Number: 45-4842055**

**Certificate of Status Desired: No**

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

WILLIAMS, CHARLES B. JR.  
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 PASTOR/PRESIDENT/DIRECTOR  
Name WILLIAMS, CHARLES B. JR.  
Address 2651 ARMSDALE RD  
City-State-Zip: JACKSONVILLE FL 32218

Title VICE-PRESIDENT/CO-PASTOR/DIRECTOR  
Name WILLIAMS, AZALEA N  
Address 2651 ARMSDALE RD  
City-State-Zip: JACKSONVILLE FL 32218

Title SECRETARY/DIRECTOR  
Name ALMOZON, PAMELA  
Address 4079 GREAT FALLS LOOP  
City-State-Zip: MIDDLEBURG FL 32068

Title DIRECTOR/BOARD MEMBER  
Name FOSTER, TERESA  
Address 1330 FLORIDA AVE  
City-State-Zip: JACKSONVILLE FL 32206

Title BOARD MEMBER  
Name TARVER, CRISTIA  
Address 7844 CHERRY FIELD DRIVE  
City-State-Zip: JACKSONVILLE FL 32216

Title BOARD MEMBER/DIRECTOR  
Name FREEMAN, EMMANUEL  
Address 11440 VC JOHNSON RD  
City-State-Zip: JACKSONVILLE FL 32218

*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: AZALEA WILLIAMS**

**VICE PRESIDENT**

**02/04/2021**

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

\_\_\_\_\_  
Date