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FILED

May 01 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
Sandra B. MORTHEM  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 731213 (5)

1. Corporation Name

FOREST COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

8505 NE HIGHWAY #19  
FORT MCCOY FL 321348505 NE HIGHWAY #19  
FORT MCCOY FL 32134-90073. Date Incorporated or Qualified  
11/29/19743a. Date of Last Report  
03/29/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City &amp; State

City &amp; State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-2369452

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution☐ \$5.00 May Be  
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CRISWELL, DOLLY  
15001 NE 248TH AVE RD  
SALT SPRINGS FL 32134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered  
office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered  
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CS ☐ DELETE  
NAME CRISWELL, DOLLY  
STREET ADDRESS 15001 NE 248TH AVE. RD.  
CITY-ST-ZIP SALT SPRINGS FL1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME CS  
1.3 STREET ADDRESS Criswell, Dolly  
1.4 CITY-ST-ZIP 15001 N.E. 248th Ave/ Salt Spgs. FL 32134TITLE T ☐ DELETE  
NAME CULPEPPER, MAVIS  
STREET ADDRESS P O BOX 143 N/A  
CITY-ST-ZIP ASTOR FL2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME T  
2.3 STREET ADDRESS Mavis Culpepper  
2.4 CITY-ST-ZIP P.O. Box 143  
Astor, Fla. 32102TITLE C ☒ DELETE  
NAME BROWN, BILL  
STREET ADDRESS 24536 NE 189TH ST/  
CITY-ST-ZIP FT MCCOY FL3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME D  
3.3 STREET ADDRESS Paul Vollmer  
3.4 CITY-ST-ZIP 8425 N.E. 310th Ave.  
Salt Springs, Fla. 32134TITLE C ☐ DELETE  
NAME SHEPARD, JACK  
STREET ADDRESS 25311 NE 138TH ST  
CITY-ST-ZIP SALT SPRINGS FL4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME D  
4.3 STREET ADDRESS Gwynne Brennan  
4.4 CITY-ST-ZIP 22850 NE County Rd. 316/Salp Spgs, FL 32134TITLE D ☒ DELETE  
NAME HOITZCLAW, JEANE  
STREET ADDRESS 15401 NE 219TH COURT  
CITY-ST-ZIP SALT SPRINGS FL5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME D  
5.3 STREET ADDRESS Andy Timko  
5.4 CITY-ST-ZIP 9046 N.E. 310th Ave.  
Ft. McCoy, Fla. 32134TITLE D ☒ DELETE  
NAME SIENKIEWICZ, BETTY  
STREET ADDRESS 8236 NE 310 AVE  
CITY-ST-ZIP FT MCCOY FL6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME D  
6.3 STREET ADDRESS Ethel Peyton  
6.4 CITY-ST-ZIP 25242 N.E. 137th Place  
Salt Springs, Fla. 3213414. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Dolly Criswell

3-20-97 352-685-2287

CRZE037 (9/96)