## 2000 UNIFORM BUSINESS REPORT (UBR)

## **FILED DOCUMENT #731213** Apr 12, 2000 8:00 am Secretary of State FOREST COMMUNITY CHURCH, INC. 04-12-2000 90068 031 \*\*\*\*61.25 Principal Place of Business Mailing Address 8505 NE HIGHWAY #19 8505 NE HIGHWAY #19 FORT MCCOY FL 32134 FORT MCCOY FL 32134 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-2369452 Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Street Address (P.O. Box Number is Not Acceptable) CRISWELL, DOLLY 15001 NE 248TH AVE RD SALT SPRINGS FL 32134 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing Make Check Payable to FILE NOW: \$5.00 May Be Trust Fund Contribution. **FEE IS \$61.25** Added to Fees Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE NAME NAME Prance, Marcella STREET ADDRESS STREET ADDRESS 9385 NE 306TH AVE CITY-ST-ZIP CITY-ST-7IP SALT SPGS FL 32134 ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME Culpepper, Mavis STREET ADDRESS STREET ADDRESS 56328 HAZELNUT RD CITY-ST-ZIP CITY-ST-ZIP~ ASTOR FL ☐ Addition TITLE ☐ Delete TITLE Change NAME vollmer, Paul NAME STREET ADDRESS STREET ADDRESS 8425 N. E. 310TH AVE CITY-ST-ZIP CITY-ST-ZIP SALT SPRINGS FL TITI F ☐ Delete TITLE Change Addition NAME HOLTZCLAW, HARRY NAME STREET ADDRESS STREET ADDRESS 15401 NE 219TH COURT CITY-ST-ZIP CITY-ST-ZIP SALT SPRINGS FL 32134 Delete TITLE Change Addition TITLE NAME timko, andy STREET ADDRESS STREET ADDRESS 9046 N.E. 310TH AVE CITY-ST-ZIP CITY-ST-ZIP FT MCCOY FL TITLE ☐ Addition TITLE ☐ Delete NAME PEYTON, ETHEL NAME STREET ADDRESS STREET ADDRESS 25242 N.E. 137TH PLACE CITY-ST-ZIP CITY-ST-ZIP <u>Salt springs</u> fl 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 eath; 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.