

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 10, 2002 8:00 am
Secretary of State

0059107

DOCUMENT # 731213

1. Entity Name

FOREST COMMUNITY CHURCH, INC.

Principal Place of Business

Mailing Address

PO BOX 5374
SALT SPRINGS FL 32134

PO BOX 5374
SALT SPRINGS FL 32134

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-2369452**

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

~~PRANCE, MARCELLA~~
25312 N E 137TH PLACE
SALT SPRINGS FL 32134

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

Marcella Prance (Marcella Prance)

4-1-02

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **S** ☐ Delete
NAME **PRANCE, MARCELLA**
STREET ADDRESS **25312 NE 137TH PLACE**
CITY-ST-ZIP **SALT SPGS FL 32134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **T** ☐ Delete
NAME **CULPEPPER, MAVIS**
STREET ADDRESS **56328 HAZELNUT RD**
CITY-ST-ZIP **ASTOR FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **C** ☐ Delete
NAME **VOLLMER, PAUL**
STREET ADDRESS **8425 N. E. 310TH AVE**
CITY-ST-ZIP **SALT SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PRANCE, BUCK**
STREET ADDRESS **25312 NE 137TH PLACE**
CITY-ST-ZIP **SALT SPRINGS FL 32134**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **D** ☐ Delete
NAME **PEYTON, ETHEL**
STREET ADDRESS **25242 N.E. 137TH PLACE**
CITY-ST-ZIP **SALT SPRINGS FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Marcella Prance (Marcella Prance)

4-1-02 352/685-2649

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)