

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 29, 2004 8:00 am
Secretary of State

03-29-2004 90089 025 ****61.25

DOCUMENT # 731213					
1. Entity Name FOREST COMMUNITY CHURCH, INC.					
Principal Place of Business PO BOX 5374 SALT SPRINGS FL 32134			Mailing Address 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		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
PRANCE, MARCELLA 25312 N E 137TH PLACE SALT SPRINGS FL 32134				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	FL Zip Code



MOORE CR2E037 (11/03)

4. FEI Number 59-2369452 ☐ **Applied For**
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
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
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	S	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRANCE, MARCELLA		NAME		
STREET ADDRESS	25312 NE 137TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SALT SPGS FL 32134		CITY-ST-ZIP		
TITLE	T	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CULPEPPER, MAVIS		NAME		
STREET ADDRESS	56328 HAZELNUT RD		STREET ADDRESS		
CITY-ST-ZIP	ASTOR FL		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	VOLLMER, PAUL		NAME		
STREET ADDRESS	8425 N. E. 310TH AVE		STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS FL		CITY-ST-ZIP		
TITLE	C	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PRANCE, BUCK		NAME		
STREET ADDRESS	25312 NE 137TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS FL 32134		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	PEYTON, ETHEL		NAME		
STREET ADDRESS	25242 N.E. 137TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	SALT SPRINGS FL		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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)* 3-25-04 (352) 685-2649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #