2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 731213

1. Entity Name
FOREST COMMUNITY CHURCH, INC.

Principal Place of Business	Mailing Address
PO BOX 5374	PO BOX 5374
SALT SPRINGS, FL 32134	SALT SPRINGS, FL 32134

50031908

01152005 No Chg-NP   CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number		Applied For
59-2369452		Not Applicable

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

6. Name and Address of Current Registered Agent

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

DO NOT WRITE IN THIS SPACE

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

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐   **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	S
NAME	PRANCE, MARCELLA
STREET ADDRESS	25312 NE 137TH PLACE
CITY-ST-ZIP	SALT SPGS, FL 32134
TITLE	T
NAME	CULPEPPER, MAVIS
STREET ADDRESS	56328 HAZELNUT RD
CITY-ST-ZIP	ASTOR, FL
TITLE	D
NAME	VOLLMER, PAUL
STREET ADDRESS	8425 N. E. 310TH AVE
CITY-ST-ZIP	SALT SPRINGS, FL
TITLE	D
NAME	PRANCE, BUCK
STREET ADDRESS	25312 NE 137TH PLACE
CITY-ST-ZIP	SALT SPRINGS, FL 32134
TITLE	D
NAME	PEYTON, ETHEL
STREET ADDRESS	25242 N.E. 137TH PLACE
CITY-ST-ZIP	SALT SPRINGS, FL
TITLE	C
NAME	
STREET ADDRESS	Bob Kauffman
CITY-ST-ZIP	

55746 Carl Street

Astor, FL 32102

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12. I hereby indicate of the cc changeo, ...

...ualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information ...d that my signature shall have the same legal effect as if made under oath; that I am an officer or director ...s report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if ...owered.

SIGNATURE: _Marcella Prance_ Marcella Prance 1-15-05 (352) 685-2649
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #