2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#731213

FILED Mar 28, 2009 Secretary of State

Entity Name: FOREST COMMUNITY CHURCH, INC. **Current Principal Place of Business: New Principal Place of Business:** PO BOX 5374 8505 NE HIGHWAY 19 SALT SPRINGS, FL 32134 SALT SPRINGS, FL 32134 **Current Mailing Address: New Mailing Address:** PO BOX 5374 SALT SPRINGS, FL 32134 FEI Number: 59-2369452 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PRANCE, MARCELLA 25312 N É 137TH PLACE SALT SPRINGS, FL 32134 US 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: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete PRANCE, MARCELLA Name: Name: Address: 25312 NE 137TH PLACE Address: City-St-Zip: SALT SPGS, FL 32134 City-St-Zip: Title: Title: (X) Change () Addition () Delete CULPEPPER, MAVIS CULPEPPER, MAVIS Name: Name: Address: 56328 HAZELNUT RD Address: 56328 HAZELNUT RD City-St-Zip: ASTOR, FL City-St-Zip: ASTOR, FL 32102 Title: () Delete Title: (X) Change () Addition PEYTON, ETHEL PEYTON, ETHEL Name: Name: 25242 N.E. 137TH PLACE Address: Address: 25242 N.E. 137TH PLACE City-St-Zip: SALT SPRINGS, FL City-St-Zip: SALT SPRINGS, FL 32134 Title: () Delete Title: () Change () Addition Name: JOHNSON, ANITA Name: 7850 NE 305TH TERRACE Address: Address: City-St-Zip: FORT MC COY, FL 32134 City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MARCELLA PRANCE S 03/28/2009