

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 14, 2003 8:00 am
Secretary of State

04-14-2003 90920 003 ****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

4. FEI Number **59-2369452**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



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

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

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
NAME	PRANCE, MARCELLA	
STREET ADDRESS	25312 NE 137TH PLACE	
CITY-ST-ZIP	SALT SPGS FL 32134	
TITLE	T	<input type="checkbox"/> Delete
NAME	CULPEPPER, MAVIS	
STREET ADDRESS	56328 HAZELNUT RD	
CITY-ST-ZIP	ASTOR FL	
TITLE	C	<input type="checkbox"/> Delete
NAME	VOLLMER, PAUL	
STREET ADDRESS	8425 N. E. 310TH AVE	
CITY-ST-ZIP	SALT SPRINGS FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	PRANCE, BUCK	
STREET ADDRESS	25312 NE 137TH PLACE	
CITY-ST-ZIP	SALT SPRINGS FL 32134	
TITLE	D	<input type="checkbox"/> Delete
NAME	PEYTON, ETHEL	
STREET ADDRESS	25242 N.E. 137TH PLACE	
CITY-ST-ZIP	SALT SPRINGS FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 **REQUIRED**

4-1-03

CR2E037 (10/02)