

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

FILED
Apr 19, 2004 8:00 am
Secretary of State

04-19-2004 90317 007 ****61.25

DOCUMENT # 736936

1. Entity Name

FOREST HILLS CHRISTIAN CHURCH



DO NOT WRITE IN THIS SPACE

94056594

2. Principal Place of Business

10902 N. Armenia Avb

Suite, Apt. #, etc.

3. Mailing Address

same

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Tampa, FL

Zip

33612

Country

Hillsborough

Zip

Country

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

Charles Clemmons

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

3424 Hunters Run Ln.

City

Tampa

FL

Zip Code

33614

**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

FEE IS \$61.25
Initial or Amended UBR

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

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DC Charles Clemmons, 3424 Hunters Run Ln Tampa	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Oscar Alsip 16612 Blenheim Dr. Lutz, FL 33549	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Richard Rose 4106 Interlake Dr. Tampa Fl 33624	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Ralph Fisher 3404 McFarland Rd. Tampa, FL 33618	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Jeff Peterman 26552 Whirlaway Terrace Wesley Chapel, FL 33544	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Harry Marsh 14914 Hardy Dr W Tampa, FL 33615	Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Larry Jackson 7909 Fremont Ave. Tampa, FL 33604	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP		
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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 on an attachment with an address, with all other like empowered.

SIGNATURE: *Charles Clemmons*

Charles Clemmons

4/16/04

813/932-3841

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037B (12/02)