

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90007 031 \*\*\*\*61.25

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**DOCUMENT # N97000002084**

1. Corporation Name

**FORREST HILL CHURCH OF NAZERENE, INC.**

Principal Place of Business

2633 VANGUNDY RD  
JACKSONVILLE FL 32208  
US

Mailing Address

2633 VANGUNDY RD  
JACKSONVILLE FL 32208  
US



2. Principal Place of Business

21 **Forest Hills Church of The Naz.**

2a. Mailing Address

26 Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **2633 Van Gundy Rd.**

Suite, Apt. #, etc.

27 City & State

City & State

23 **Jacksonville, FL**

City & State

28 Zip

Zip Country

24 **32208**

25 **US**

Zip

29 Country

30

3. Date Incorporated or Qualified

**04/14/1997**

4. FEI Number

**59-6546049**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**CHARLES, GIDEON**

**2633 VANGUNDY ST VAN Gundy Rd.**  
**JACKSONVILLE FL 32208**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE  
NAME **DAVIS, WILLIE E**  
STREET ADDRESS **7980 DENHAM ST**  
CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE **D** ☐ DELETE  
NAME **FOSTER, NATHEORY**  
STREET ADDRESS **4979 TOPROYAL LN**  
CITY-ST-ZIP **JACKSONVILLE FL 32277**

TITLE **D** ☐ DELETE  
NAME **ALLEN, WILLIAM K**  
STREET ADDRESS **8588 DARLINGTON DR**  
CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME **DAVIS, Willie E**  
1.3 STREET ADDRESS **7980 Denham Rd**  
1.4 CITY-ST-ZIP **JACKSONVILLE, FL 32208**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME **Foster, Natheory**  
2.3 STREET ADDRESS **4974 Toproyal Ln**  
2.4 CITY-ST-ZIP **JACKSONVILLE, FL 32277**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-10-99 904-768-2623**

Date

Daytime Phone #

CR2E037 (11/98)