

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 08:00 AM
Secretary of State

DOCUMENT # N98000002797

1. Entity Name
FORWARD WITH CHRIST EVANGELISTIC ASSOCIATION, INC.



Principal Place of Business
**3614 HWY 231
COTTONDALE, FL 32431 US**

Mailing Address
**P. O. BOX 722
COTTONDALE, FL 32431 US**



01172005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3517758	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**EUBANKS, CHARLES R
3614 HWY 231
COTTONDALE, FL 32431**

**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 NAME STREET ADDRESS CITY-ST-ZIP	DP EUBANKS, CHARLES R 3614 HWY 231 COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DVP EUBANKS, CAMILLE M 3614 HWY 231 COTTONDALE, FL 32431
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MALDONADO, MARY 4755 HWY 71 GREENWOOD, FL 32443
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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01/24/05-80092-010 70.00

**DO NOT WRITE
IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

M. Camille Eubanks, V. Pres

1/18/05 850-352-4156