#### 2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT# 719891** 

Entity Name: FLORIDA CHRISTIAN APARTMENTS, INC.

Mar 27, 2013
Secretary of State
CC4812620421

**FILED** 

# **Current Principal Place of Business:**

1115 EDGEWOOD AVENUE SOUTH JACKSONVILLE. FL 32205

## **Current Mailing Address:**

1115 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205

FEI Number: 59-1737422 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

LEGEER, LISA P 1115 EDGEWOOD AVENUE SOUTH JACKSONVILLE, FL 32205 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

#### Officer/Director Detail:

Title P Title VP

Name LEGEER, LISA Name BUELL, ARTHUR

Address 1115 EDGEWOOD AVENUE SOUTH Address 1115 EDGEWOOD AVENUE SOUTH

City-State-Zip: JACKSONVILLE FL 32205 City-State-Zip: JACKSONVILLE FL 32205

Title T Title D

Name HULL II, RICHARD JREV Name OUGHTON, PRESTON

Address 1115 EDGEWOOD AVENUE SOUTH Address 1115 EDGEWOOD AVENUE SOUTH

City-State-Zip: JACKSONVILLE FL 32205 City-State-Zip: JACKSONVILLE FL 32205

Title S Title D

Name MURRAY, RODGER L Name BROOKS, SARA REV

Address 1115 EDGEWOOD AVENUE SOUTH Address 1115 EDGEWOOD AVENUE SOUTH

City-State-Zip: JACKSONVILLE FL 32205 City-State-Zip: JACKSONVILLE FL 32205

I hereby 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 all other like empowered.

SIGNATURE: LISA LEGEER PRESIDENT 03/27/2013