

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719892

Entity Name: FLORIDA CHRISTIAN CENTER, INC.**Current Principal Place of Business:**1115 EDGEWOOD AVE S
JACKSONVILLE, FL 32205-5381**Current Mailing Address:**149 WELDON PKWY
STE 115
MARYLAND HEIGHTS, MO 63043-3103 US**FEI Number:** 59-0624397**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH, LTD., INC.
155 OFFICE PLAZA DRIVE
TALLAHASSEE, FL 32301 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 DIRECTOR
Name ANDERSON, MARK
Address 149 WELDON PKWY, STE 115
City-State-Zip: ST LOUIS MO 63043

Title PRESIDENT
Name MIKESELL, MILTON
Address 4967 NORTH FORD PLACE W
City-State-Zip: JACKSONVILLE FL 32257

Title SECRETARY
Name KEENE, MARY ELIZABETH
Address 1115 EDGEWOOD AVE S, APT 502
City-State-Zip: JACKSONVILLE FL 32205

Title DIRECTOR
Name WILLIS, PEGGY
Address 1115 EDGEWOOD AVE S
City-State-Zip: JACKSONVILLE FL 32205-5381

Title DIRECTOR
Name ZIMMERMAN, GARY
Address 95 PEBBLEBROOK LN
City-State-Zip: ST LOUIS MO 63146

Title VP
Name RICHARDSON, DAN
Address 4631 ALGONQUIN AVE
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER
Name MURPHREE, BARBARA
Address 2666 MYRA STREET
City-State-Zip: JACKSONVILLE FL 32204

Title DIRECTOR
Name GREEN, WALLACE
Address 1115 EDGEWOOD AVE S
City-State-Zip: JACKSONVILLE FL 32205-5381

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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: GARY ZIMMERMAN**DIRECTOR****04/16/2013**

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name O'BYRNE, BILL
Address 1115 EDGEWOOD AVE S
City-State-Zip: JACKSONVILLE FL 32205-5381

Title DIRECTOR
Name MOUZON, STEVE
Address 1115 EDGEWOOD AVE S
City-State-Zip: JACKSONVILLE FL 32205-5381

Title DIRECTOR
Name WASMUND, BERT
Address 1115 EDGEWOOD AVE S
City-State-Zip: JACKSONVILLE FL 32205-5381