

**2017 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:**1115 EDGEWOOD AVE S  
JACKSONVILLE, FL 32205-5381 US**FEI Number:** 59-0624397**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NATIONAL CORPORATE RESEARCH,LTD.,INC.  
115 NORTH CALHOUN ST.  
SUITE 4  
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 MIKESELL, MILTON  
Address 1115 EDGEWOOD AVE S  
City-State-Zip: JACKSONVILLE FL 32205-5381

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

Title PRESIDENT, DIRECTOR  
Name WASMUND, WORTHY A.  
Address 1115 EDGEWOOD AVE S  
City-State-Zip: JACKSONVILLE FL 32205-5381

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

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

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

Title DIRECTOR, SECRETARY  
Name LEGER, LISA  
Address 1115 EDGEWOOD AVE S  
City-State-Zip: JACKSONVILLE FL 32205-5381

Title DIRECTOR  
Name BROOKS, CHERYL  
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:** WORTHY A. WASMUND

PRESIDENT

04/25/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

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

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

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

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

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

Title CEO  
Name WEIR, KIMBERLY  
Address 1115 EDGEWOOD AVE S  
City-State-Zip: JACKSONVILLE FL 32205-5381