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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 769613 (1)
1. Corporation Name
ZOAR SOUTHERN CONGREGATIONAL METHODIST CHURCH, I
NC.

Principal Place of Business Mailing Address
5533 CHENANGO BLVD. JACKSONVILLE FL 32254
5533 CHENANGO BLVD. JACKSONVILLE FL 32254

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/29/1983
3a. Date of Last Report 03/03/1994

4. FEI Number 59-2400687
Applied For Not Applicable

5. Certificate of Status Desired \$6.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent
HOLTON, JUDY
960 ONTARIO ST
CALLAHAN FL 32011

10. Name and Address of New Registered Agent
81 Name Judy Holton
82 Street Address (P.O. Box Number is Not Acceptable) 732 Parks Rd.
83
84 City Callahan FL 85 Zip Code 32011

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Judy Holton DATE 3-20-95
Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|----------------------|---|--|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERCE, BENJAMIN F. | 1.2 NAME | |
| STREET ADDRESS | 960 ONTARIO ST. | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 1.4 CITY - ST - ZIP | |
| TITLE | D | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLTON, DALE | 2.2 NAME | |
| STREET ADDRESS | PARKS RD. S. | 2.3 STREET ADDRESS | |
| CITY - ST - ZIP | CALLAHAN FL | 2.4 CITY - ST - ZIP | |
| TITLE | D | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLTON, QUIP | 3.2 NAME | |
| STREET ADDRESS | RT 5, BOX 1944 | 3.3 STREET ADDRESS | |
| CITY - ST - ZIP | CALLAHAN FL 32011 | 3.4 CITY - ST - ZIP | |
| TITLE | P | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ISAAC, DANIEL R | 4.2 NAME | |
| STREET ADDRESS | 5520 POTOMAC AVE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | JACKSONVILLE FL | 4.4 CITY - ST - ZIP | |
| TITLE | D | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KERCE, RONALD F | 5.2 NAME | King, Troy |
| STREET ADDRESS | 7640 PASCHAL ST | 5.3 STREET ADDRESS | 5456 Chenango Blvd. |
| CITY - ST - ZIP | JACKSONVILLE FL | 5.4 CITY - ST - ZIP | Jacksonville, FL 32254 |
| TITLE | ST | 6.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HOLTON, JUDY | 6.2 NAME | TAW |
| STREET ADDRESS | PARKS RD P O BOX 732 | 6.3 STREET ADDRESS | 4/4/95 |
| CITY - ST - ZIP | CALLAHAN FL | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Judy Holton DATE 3-20-95 1-904-879-2389
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR