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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

769613

(1)

ZOAR	SOUTHERN	CONGREGATIONAL	<b>METHODIST</b>	CHURCH.	į
N/C					

Principal Place of Business Mailing Address



	of Business	Mailing Address					
5533 CHENAN JACKSONVILLI		5533 CHENANGO BLVI JACKSONVILLE FL 323					
					3. Date incorporated or Qualified 07/29/1983	3a. Date of La 04/04	st Report /1995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number		Applied For
<u> </u>		26			59-2400887		Not Apolicable
Suite, Apt. #,	, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired	1 1	75 Additional e Required
City & State		City & State			Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
Zip	Country 25	Zip	Count 30	ry		Yes □ No	s. 199.032.
<u> </u>	9. Name and Address of Curre	.11			10. Name and Address of New Re	egistered Agent	
			8	1 Name			
HOLTON			8	2 Street Adu	dress (P.O. Box Number is Not Acceptable	e)	
732 PAR	iks Rd. An FL 32011		8	3			
CALLANI	AN FE SZOTT		6	4 City	-	F1 85	Zip Code
					oration submits this statement for the purp		to registered office
SIGNATURE _	Signature, typed or printed name of registered ago OFFICERS A	ent and little it applicative (N ND DIRECTORS	.OIL Flegislead A	gent signature réspir	en what reinsteling	DATE IGERS AND DIREC	TORS IN 12
TIPLE	D	DELETE	1.1 TITL	E .		Chan	
NAME	KERCE, BENJAMIN F.		1.2 NAM	IE			
STREET ADDRESS	960 ONTARIO ST.		1.3 SIR	ELT ADDRESS			
CITY - ST - ZIP	JACKSONVILLE FL			r-ST ZIP			
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4. I do nereoy certify that the information supplied with this little information indicated on this annual report or supplemental annual report oath; that I am an officer or director of the corporation or the receiver or trustee empow appears in Block 12 or Block 13 if changed, or on an attachment with an address.

loes not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further true and accurate and that my signature shall have the same legal effect as if made under nd to execute this report as required by Chapter 617, Florida Statutes; and that my name

SIGNATURE:

SNATUREAND TYPED OR PRINTED RAME OF SIGNING OFFICER OR DIRECTOR

3-14-54

904-879-2389