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Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 769613 (1)

1. Corporation Name
ZOAR SOUTHERN CONGREGATIONAL METHODIST CHURCH, I NC.



Principal Place of Business 5533 CHENANGO BLVD. JACKSONVILLE FL 32254	Mailing Address 5533 CHENANGO BLVD. JACKSONVILLE FL 32254-1310
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21 2. Principal Place of Business Suite, Apt. #, etc.	26 2a. Mailing Address Suite, Apt. #, etc.
22 2. Principal Place of Business City & State	27 2a. Mailing Address City & State
23 2. Principal Place of Business Zip	28 2a. Mailing Address Zip
24 2. Principal Place of Business Country	30 2a. Mailing Address Country

3. Date Incorporated or Qualified 07/29/1983	3a. Date of Last Report 03/22/1996
4. FEI Number 59-2400887	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**HOLTON, JUDY
732 PARKS RD.
CALLAHAN FL 32011**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	KERCE, BENJAMIN F.	
STREET ADDRESS	980 ONTARIO ST.	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLTON, DALE	
STREET ADDRESS	PARKS RD. S.	
CITY-ST-ZIP	CALLAHAN FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	HOLTON, QUIP	
STREET ADDRESS	RT 5, BOX 1944	
CITY-ST-ZIP	CALLAHAN FL 32011	
TITLE	P	<input type="checkbox"/> DELETE
NAME	ISAAC, DANIEL R	
STREET ADDRESS	5520 POTOMAC AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	KING, TROY	
STREET ADDRESS	5456 CHENNANGO BLVD.	
CITY-ST-ZIP	JACKSONVILLE FL 32254	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	HOLTON, JUDY	
STREET ADDRESS	PARKS RD P O BOX 732	
CITY-ST-ZIP	CALLAHAN FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)