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Secretary of State

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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 769613

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

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



21	2. Principal Place of Business	2a	Mailing Address	3.	Date Incorporated or Qualified	
		26			07/29/1983	
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	4.	FEI Number	Applied For
					59-2400887	Not Applicable
23	City & State	28	City & State	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
					<input type="checkbox"/>	
24	Zip	29	Zip	6.	Election Campaign Financing	\$5.00 May Be Added to Fees
	Country	30	Country		Trust Fund Contribution	<input type="checkbox"/>

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
HOLTON, JUDY 732 PARKS RD. CALLAHAN FL 32011				81	Name			
				82	Street Address (P.O. Box Number is Not Acceptable)			
				4395 Parks Rd.				
				83				
				84	City	FL	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 reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KING, TROY	5.2 NAME	
STREET ADDRESS	5456 CHENNANGO BLVD.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32254	5.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLTON, JUDY	6.2 NAME	
STREET ADDRESS	PARKS RD P O BOX 732	6.3 STREET ADDRESS	
CITY-ST-ZIP	CALLAHAN FL	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: Judy Holton DE ST Judy Holton 3-15-1999 904-879-2389
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)