

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 06, 2000 8:00 am**  
**Secretary of State**

03-06-2000 90105 017 \*\*\*\*61.25

**DOCUMENT # 769613**

1. Entity Name

**ZOAR SOUTHERN CONGREGATIONAL METHODIST CHURCH, I**

Principal Place of Business

Mailing Address

5533 CHENANGO BLVD.  
 JACKSONVILLE FL 32254

5533 CHENANGO BLVD.  
 JACKSONVILLE FL 32254-1310

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

**59-2400887**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLTON, JUDY**  
**4395 PARKS RD**  
**CALLAHAN FL 32011**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution.

**\$5.00** May Be  
 Added to Fees

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	KERCE, BENJAMIN F.	
STREET ADDRESS	960 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 CHENANGO 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	

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*SIGNATURE REQUIRED*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-29-00

Date

904-578-2389

Daytime Phone #

CR2E037 (9/99)