

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 13, 2001 8:00 am
Secretary of State

02-13-2001 90573 004 ****61.25

0013358

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

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

Judy Holton

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

(NOTE: Registered Agent signature required when reinstating)

02-05-01

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 checked="" 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kerce, Benjamin F.	
STREET ADDRESS	347 Jamnik St	
CITY-ST-ZIP	Yulee, Fl. 32041	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Holton, Quip	
STREET ADDRESS	3000 S Kings Rd	
CITY-ST-ZIP	Callahan, Fl. 32011	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Tim Allen	
STREET ADDRESS	3107 Loree St.	
CITY-ST-ZIP	Jacksonville, Fl. 32254	
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: *Judy Holton* **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02-05-01

DATE

904-879-2389

DAYTIME PHONE #

CR2E037 (10/00)