


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 049 ****61.25

DOCUMENT # 769613

1. Entity Name
ZOAR SOUTHERN CONGREGATIONAL METHODIST CHURCH, INC.



Principal Place of Business
**5533 CHENANGO BLVD.
 JACKSONVILLE, FL 32254**

Mailing Address
**5533 CHENANGO BLVD.
 JACKSONVILLE, FL 32254**

40097702



2. Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip Country

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip Country

06282006 Chg-NP CR2E037 (4/06)

6. Name and Address of Current Registered Agent

**HOLTON, JUDY
 54053 PARKS RD
 CALLAHAN, FL 32011**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City FL Zip Code

4. FEI Number
59-2400887

Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by September 6, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

Make check payable to Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D	KERCE, BENJAMIN F. 347 JAMNIK ST YULEE, FL 32041	TITLE Change Addition	
TITLE D	HOLTON, DALE PARKS RD. S. CALLAHAN, FL	TITLE Change Addition	Holton Dale 54053 Parks Rd. Callahan, Fl. 32011
TITLE D	HOLTON, QUIP 3000 S. KINGS RD CALLAHAN, FL 32011	TITLE Change Addition	Holton, Quip 540950 US Hwy 1 Callahan, Fl. 32011
TITLE P	ISAAC, DANIEL R 5520 POTOMAC AVE JACKSONVILLE, FL	TITLE Change Addition	
TITLE D	ALLEN, TIM 3107 LOREE ST JACKSONVILLE, FL 32254	TITLE Change Addition	Allen, Tim 10204 Wellhouse CT Jacksonville, Fl. 32220
TITLE ST	HOLTON, JUDY PARKS RD P O BOX 732 CALLAHAN, FL	TITLE Change Addition	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 Judy Holton 6-29-06 904-875-2389

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #