


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 03, 2008 08:00 AM
Secretary of State

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
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DO NOT WRITE IN THIS SPACE



03272008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-2400887	Applied For Not Applicable
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5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

HOLTON, JUDY
 54053 PARKS RD
 CALLAHAN, FL 32011

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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 _____

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

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000879500 04/15/08-80023-018 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D KERCE, BENJAMIN F. 347 JAMNIK ST YULEE, FL 32041
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, DALE 54053 PARKS RD CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HOLTON, QUIP 540950 US HWY 1 CALLAHAN, FL 32011
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ISAAC, DANIEL R 5520 POTOMAC AVE JACKSONVILLE, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ALLEN, TIM 10204 WELLHOUSE CT JACKSONVILLE, FL 32220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST HOLTON, JUDY PARKS RD P O BOX 732 CALLAHAN, FL

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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 3-31-08 904-879-2389

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