

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Mar 17, 2009
Secretary of State**

DOCUMENT# 769613

Entity Name: ZOAR SOUTHERN CONGREGATIONAL METHODIST CHURCH, INC.

Current Principal Place of Business:

5533 CHENANGO BLVD.
JACKSONVILLE, FL 32254

New Principal Place of Business:

Current Mailing Address:

5533 CHENANGO BLVD.
JACKSONVILLE, FL 32254

New Mailing Address:

FEI Number: 59-2400887 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HOLTON, JUDY
54053 PARKS RD
CALLAHAN, FL 32011 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KERCE, BENJAMIN F.,
Address: 347 JAMNIK ST
City-St-Zip: YULEE, FL 32041

Title: D () Delete
Name: HOLTON, DALE,
Address: 54053 PARKS RD
City-St-Zip: CALLAHAN, FL 32011

Title: D () Delete
Name: HOLTON, QUIP,
Address: 540950 US HWY 1
City-St-Zip: CALLAHAN, FL 32011

Title: P () Delete
Name: ISAAC, DANIEL R,
Address: 5520 POTOMAC AVE
City-St-Zip: JACKSONVILLE, FL

Title: D () Delete
Name: ALLEN, TIM
Address: 10204 WELLHOUSE CT
City-St-Zip: JACKSONVILLE, FL 32220

Title: ST () Delete
Name: HOLTON, JUDY,
Address: PARKS RD P O BOX 732
City-St-Zip: CALLAHAN, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: JUDY HOLTON

ST

03/17/2009

Electronic Signature of Signing Officer or Director

_____ Date