

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 27, 2003 8:00 am
Secretary of State

01-27-2003 90326 046 ****61.25

DOCUMENT # 769613

1. Entity Name

**ZOAR SOUTHERN CONGREGATIONAL METHODIST CHURCH, I
NC.**



Principal Place of Business

**5533 CHENANGO BLVD.
JACKSONVILLE FL 32254**

Mailing Address

**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**

CHECK HERE IF MAKING CHANGES



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

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
Florida 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	347 JAMNIK ST	
CITY-ST-ZIP	YULEE FL 32041	
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	3000 S. KINGS RD	
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	ALLEN, TIM	
STREET ADDRESS	3107 LOREE ST	
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		

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 Judy Holton 1-23-03 904-874-2389

CR2E037 (10/02)