


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jul 10, 2007 8:00 am**  
**Secretary of State**

07-10-2007 90007 047 \*\*\*\*61.25

<b>DOCUMENT # N01000005673</b> 1. Entity Name <b>OCALA ZION UNITED METHODIST CHURCH, INCORPORATED</b>					
Principal Place of Business <b>510 NW MARTIN LUTHER KING JR AVE OCALA, FL 34474</b>			Mailing Address <b>P.O. BOX 1613 OCALA, FL 34478</b>		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number <b>59-3046751</b>	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>GRIFFIN, JIMMI 301 SW 145TH ST OCALA, FL 34473</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.				FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$61.25 Due by September 14, 2007</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>		10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JACKSON, JESSIE 8789 SW 56TH AVENUE ROAD OCALA, FL 34476 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	P Riley, Isaac (Ike) 4490 SW 151st Street Ocala, FL 34473 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WHITE, ARTHUR 1605 NW BLITCHON RD. OCALA, FL 34474 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Nelson, Willie 1603 NW Blitchton Rd. Ocala, FL 34475 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFEN, JIM 301 SW 145TH ST OCALA, FL 34473 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Coleman, Nancy 2029 SW 5th Street Ocala, FL 34474 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLINGS, ELLA 1605 NW BLITCHER RD OCALA, FL 34474 <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	V 303 NW 11th Avenue Ocala, FL 34475 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, WILLIE MAE 1605 NW BLITCHER RD OCALA, FL 34474 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	16752 North Hwy 329 Reddick, FL 32686 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SAM 1605 NW BLITCHER RD OCALA, FL 34474 <input type="checkbox"/> Delete		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.		
<b>SIGNATURE: Willie Mae Mack</b> Willie Mae Mack 07/05/07 (352) 622-7484 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					