2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0100005673 1. Entity Name OCALA ZION UNITED METHODIST CHURCH, INCORPORATED					07-10-2007 9	90007 047 ****6	1.25	
Principal Place of Business 510 NW MARTIN LUTHER KING IR AVE 0CALA, FL 34474 Mailing Address P.O. BOX 1613 0CALA, FL 34474								
2. Principal F	Place of Business - No P.O. Box #	3. Mailing Address						
Suite, Apt. #, etc. Su		Suite, Apt. #, etc.	Suite, Apt. #, etc.		Chg-NP	CR2E037 (12/06)	
City & State		City & State	City & State		xer 16751	├ ─ ∔	Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate	of Status Desired	□ \$8.75 A Fee Requi		
	6. Name and Address of Current	Registered Agent		7. Name an	d Address of New F	Registered Agent		
CDIECINI	HARAI		Name					
GRIFFIN, JIMMI 301 SW 145TH ST OCALA, FL 34473			Street Ac	Street Address (P.O. Box Number is Not Acceptable)				
			City			FL Zip Co	ode	
	e named entity submits this statement to tions of registered agent.	r the purpose of changing its re	egistered office or	registered agent, or be	oth, in the State of FI	orida. I am familiar wit	h, and accept	
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstrating) DATE								
	Signature, typed or printed name of registered agent :	and title if applicable. (NOTE: I	Registered Agent signatu	re required when reinstating)		DATE		
D	Filling Fee is \$61.25 ue by September 14, 2007	9. Election Carry Trust Fund Co	paign Financing	\$5.00 May Added to Feet		fake check payable rida Department of		
10.	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing	\$5.00 May Added to Feed	Flo	fake check payable	State	
10.	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIF	9. Election Camp Trust Fund Co	paign Financing Intribution.	\$5.00 May Added to Feed ADDITIONS/CH	HANGES TO OFFICE	fake check payable rida Department of	State IN 10	
10. TITLE NAME	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIF PT JACKSON, JESSIE	9. Election Camp Trust Fund Co	paign Financing Intribution. 111.	\$5.00 May Added to Feed ADDITIONS/CF P Riley, Is	HANGES TO OFFICE	flake check payable rida Department of CRS AND DIRECTORS	State IN 10	
10.	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIF PT JACKSON, JESSIE 8789 SW 56TH AVENUE ROAD	9. Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS	\$5.00 May Added to Fee: ADDITIONS/CF P Riley, Is 4490 SW 1	HANGES TO OFFICE aac (Ike) 51st Stree	flake check payable rida Department of CRS AND DIRECTORS	State IN 10	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIF PT JACKSON, JESSIE 8789 SW 56TH AVENUE ROAD OCALA, FL 34476	9. Election Camp Trust Fund Co	paign Financing Intribution. 11. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$5.00 May Added to Feet ADDITIONS/CF P Riley, Is 4490 SW 1 Ocala, FI	HANGES TO OFFICE HANGES TO OFFI HANGES TO OFFI H	fake check payable rida Department of RS AND DIRECTORS Change	State IN 10 E Addition	
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10. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS	Filing Fee is \$61.25 ue by September 14, 2007 OFFICERS AND DIF PT JACKSON, JESSIE 8789 SW 56TH AVENUE ROAD OCALA, FL 34476 VT WHITE, ARTHUR 1605 NW BLITCHON RD. OCALA, FL 34474 T GRIFFEN, JIM 301 SW 145TH ST OCALA, FL 34473 D GILLINGS, ELLA 1605 NW BLITCHER RD	9. Election Camp Trust Fund Co	Daign Financing Intribution. 11. ITTLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	\$5.00 May Added to Feet ADDITIONS/CH P Riley, Is 4490 SW 1 Ocala, FI D Nelson, W 1603 NW E Ocala, FI S Coleman, 2029 SW 5	HANGES TO OFFICE FACE (IKe) 51st Stree 7.3473 Fillie 81itchton R 7.34475 Nancy 6th Street	fake check payable rida Department of Change	State IN 10	
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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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Date	Daytime Phone #
SIGNATURE: Willie M. Mark Willie	e Mae Mack 07/05/07	(352) 622-7484