

**2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 769613

**Entity Name:** ZOAR SOUTHERN CONGREGATIONAL METHODIST CHURCH, INC.

**FILED**  
**Feb 02, 2021**  
**Secretary of State**  
**3431186020CC**

**Current Principal Place of Business:**

5533 CHENANGO BLVD.  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

5533 CHENANGO BLVD.  
JACKSONVILLE, FL 32254

**FEI Number: 59-2400887**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HOLTON, JUDY  
54053 PARKS RD  
CALLAHAN, FL 32011 US

*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

**Officer/Director Detail :**

Title TRUSTEE  
Name HOLTON, DALE  
Address 54053 PARKS RD  
City-State-Zip: CALLAHAN FL 32011

Title ST  
Name HOLTON, JUDY  
Address 54053 PARKS RD  
City-State-Zip: CALLAHAN FL

Title PASTOR  
Name KING, TROY D  
Address 5520 POTAMIC AVE  
City-State-Zip: JACKSONVILLE FL 32254

Title MEMBER  
Name PRESSON, JAMES R  
Address 773 NEW CT WEST  
City-State-Zip: JACKSONVILLE FL 32254

Title MEMBER  
Name KING, TRACY  
Address 5506 CHENANGO BLVD.  
City-State-Zip: JACKSONVILLE FL 32254

*I hereby 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 all other like empowered.*

**SIGNATURE: JUDY HOLTON**

**S/T**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date