

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 03, 2006 8:00 am
Secretary of State

07-03-2006 90002 049 ****61.25

DOCUMENT # 769613

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



Principal Place of Business
**5533 CHENANGO BLVD.
JACKSONVILLE, FL 32254**

Mailing Address
**5533 CHENANGO BLVD.
JACKSONVILLE, FL 32254**

40097702



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

06282006 Chg-NP CR2E037 (4/06)

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**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOLTON, JUDY
54053 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

**Filing Fee is \$61.25
Due by September 6, 2006**

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 ☐ Delete
NAME **D**
STREET ADDRESS **KERCE, BENJAMIN F.**
CITY-ST-ZIP **347 JAMNIK ST
YULEE, FL 32041**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOLTON, DALE**
CITY-ST-ZIP **PARKS RD. S.
CALLAHAN, FL**

TITLE ☐ Change ☐ Addition
NAME **Holton Dale**
STREET ADDRESS **54053 Parks Rd.**
CITY-ST-ZIP **Callahan, FL 32011**

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **HOLTON, QUIP**
CITY-ST-ZIP **3000 S. KINGS RD
CALLAHAN, FL 32011**

TITLE ☐ Change ☐ Addition
NAME **Holton, Quip**
STREET ADDRESS **540950 US Hwy 1**
CITY-ST-ZIP **Callahan, FL 32011**

TITLE ☐ Delete
NAME **P**
STREET ADDRESS **ISAAC, DANIEL R**
CITY-ST-ZIP **5520 POTOMAC AVE
JACKSONVILLE, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME **D**
STREET ADDRESS **ALLEN, TIM**
CITY-ST-ZIP **3107 LOREE ST
JACKSONVILLE, FL 32254**

TITLE ☐ Change ☐ Addition
NAME **Allen, Tim**
STREET ADDRESS **10204 Wellhouse CT**
CITY-ST-ZIP **Jacksonville, FL 32220**

TITLE ☐ Delete
NAME **ST**
STREET ADDRESS **HOLTON, JUDY**
CITY-ST-ZIP **PARKS RD P O BOX 732
CALLAHAN, FL**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

Judy Holton **Judy Holton**

6-29-06

Date

904-875-2389

Daytime Phone #