

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90129 021 ****61.25

DOCUMENT

1. Entity Name

Little Zion Community Association, Inc.

Principal Place of Business

3185 Little Zion Rd
 Sneads, FL 32460

Mailing Address

3630 Little Zion Rd.
 Sneads, FL 32460

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3650555

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

DO NOT WRITE IN THIS SPACE

A0062980

6. Name and Address of Current Registered Agent

John W. Harvey
 3630 Little Zion Rd.
 Sneads, FL 32460

7. Name and Address of New Registered Agent

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.

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

Department of State

10. OFFICERS AND DIRECTORS

TITLE DP ☐ Delete
 NAME John W. Harvey
 STREET ADDRESS 3630 Little Zion Rd.
 CITY-ST-ZIP Sneads, FL 32460

TITLE DVP ☐ Delete
 NAME Irene K. Brinson
 STREET ADDRESS 3831 Little Zion Rd
 CITY-ST-ZIP Sneads, FL 32460

TITLE DS ☐ Delete
 NAME Lavon Taylor
 STREET ADDRESS 3369 Little Zion Rd.
 CITY-ST-ZIP Sneads, FL 32460

TITLE DT ☐ Delete
 NAME Joyce Harvey
 STREET ADDRESS 3630 Little Zion Rd.
 CITY-ST-ZIP Sneads, FL 32460

TITLE ☐ Delete
 NAME Sheletha McNealy
 STREET ADDRESS 3397 Little Zion Rd.
 CITY-ST-ZIP Sneads, FL 32460

TITLE D ☐ Delete
 NAME James Taylor
 STREET ADDRESS 3367 Little Zion Rd.
 CITY-ST-ZIP Sneads, FL 32460

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE D ☐ Change ☐ Addition
 NAME Rev. Eddie Bowers
 STREET ADDRESS 4232 Kelson Ave.
 CITY-ST-ZIP Marianna, FL 32446

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

TITLE ☐ Change ☐ Addition
 NAME
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 CITY-ST-ZIP

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 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-01

Date

850-482-8081

Daytime Phone #

CR2E037 (11/00)