

**NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 17, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90036 007 \*\*\*\*61.25

DOCUMENT # **N100000003449**

1. Entity Name

**Little Zion Community Association, Inc.**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

**3185 Little Zion Rd.**

3. Mailing Address

**3630 Little Zion Rd.**

Suite, Apt. #, etc.  
**Sneads, FL**

Suite, Apt. #, etc.  
**Sneads, FL**

City & State

City & State

Zip

**32460**

Country

**Jackson**

Zip

**32460**

Country

**Jackson**

4. FEI Number

**59-3650555**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**John W. Harvey**

Street Address (P.O. Box Number is Not Acceptable)

**3630 Little Zion Rd.**

City

**Sneads**

**FL**

Zip Code  
**32460**

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

**FEE IS \$61.25**

**Initial or Amended UBR**

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<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DP<br><b>John W. Harvey</b><br><b>3630 Little Zion Rd.</b><br><b>Sneads, FL 32460</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DVP<br><b>Irene K. Brinson</b><br><b>3831 Little Zion Rd.</b><br><b>Sneads, FL 32460</b>   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DS<br><b>Martha Highsmith</b><br><b>7447 Welcome Church Rd.</b><br><b>Sneads, FL 32460</b> | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | DI<br><b>Joyce Harvey</b><br><b>3630 Little Zion Rd.</b><br><b>Sneads, FL 32460</b>        | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>James Taylor</b><br><b>3367 Little Zion Rd.</b><br><b>Sneads, FL 32460</b>         | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | D<br><b>Rev. Eddie Bowers</b><br><b>4232 Kelson Ave.</b><br><b>Marianna, FL 32446</b>      | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |  |

**DO NOT WRITE  
IN THIS SPACE**

CR2E037B (12/01)

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 on an attachment with an address with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR