

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2003 8:00 am
Secretary of State

05-01-2003 90174 001 ****61.25

DOCUMENT # N00000003449

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

Zip

Country

Zip

Country

4. FEI Number **59-3650555**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

☐ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**HARVEY, JOHN W
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. 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

FILE NOW: FEE IS \$61.25

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

TITLE **D** ☐ Delete
NAME **HARVEY, JOHN W**
STREET ADDRESS **3630 LITTLE ZION RD.**
CITY-ST-ZIP **SNEADS FL 32460**

TITLE **D** ☒ Delete
NAME **MCNEALY, CLEVELAND**
STREET ADDRESS **3109 LITTLE ZION RD.**
CITY-ST-ZIP **SNEADS FL 32460**

TITLE **D** ☒ Delete
NAME **POPE, RANDOLPH**
STREET ADDRESS **P.O. BOX 1205**
CITY-ST-ZIP **SNEADS FL 32460**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **VD** ☐ Change ☒ Addition
NAME **Brinson, Irene K.**
STREET ADDRESS **3831 Little Zion Rd.**
CITY-ST-ZIP **Sneads, FL 32460**

TITLE **TD** ☐ Change ☒ Addition
NAME **Harvey, Joyce D.**
STREET ADDRESS **3630 Little Zion Rd.**
CITY-ST-ZIP **Sneads, FL 32460**

TITLE **SD** ☐ Change ☒ Addition
NAME **Highsmith, Martha**
STREET ADDRESS **7447 Welcome Church Rd.**
CITY-ST-ZIP **Sneads, FL 32460**

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

John W. Harvey

John W. Harvey

29 April 2003

850.482.8081

CR2E037 (10/02)