
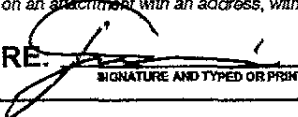


**2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED

**Apr 25, 2006 08:00 AM
Secretary of State**

DOCUMENT # N01000005673		
1. Entity Name OCALA ZION UNITED METHODIST CHURCH, INCORPORATED		
Principal Place of Business 510 NW MARTIN LUTHER KING JR AVE OCALA, FL 34474		Mailing Address P.O. BOX 1613 OCALA, FL 34478
DO NOT WRITE IN THIS SPACE		
6. Name and Address of Current Registered Agent GRIFFIN, JIMMI 301 SW 145TH ST OCALA, FL 34473		DO NOT WRITE IN THIS SPACE
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> DATE _____		
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PT JACKSON, JESSIE 8789 SW 56TH AVENUE ROAD OCALA, FL 34476	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT WHITE, ARTHUR 1605 NW BLITCHON RD. OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T GRIFFEN, JIM 301 SW 145TH ST OCALA, FL 34473	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D GILLINGS, ELLA 1605 NW BLITCHER RD OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MACK, WILLIE MAE 1605 NW BLITCHER RD OCALA, FL 34474	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D WILLIAMS, SAM 1605 NW BLITCHER RD OCALA, FL 34474	
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:  - R/A 4-22-06 (352) 208-4788 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>		



04222006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3046751	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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05/06/06-80048-008 70.00

**DO NOT WRITE
IN THIS SPACE**