2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 10, 2007 8:00 am
Secretary of State
07-10-2007 90007 047 ****61.25

DOCUMENT # N01000005673

1. Entity Name
OCALA ZION UNITED METHODIST CHURCH, INCORPORATED

Principal Place of Business	Mailing Address
510 NW MARTIN LUTHER KING JR AVE OCALA, FL 34474	P.O. BOX 1613 OCALA, FL 34478

07052007 Chg-NP CR2E037 (12/06)

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 59-3046751 ☐ Applied For ☐ Not Applicable

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
GRIFFIN, JIMMI 301 SW 145TH ST OCALA, FL 34473	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 14, 2007

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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PT JACKSON, JESSIE 8789 SW 56TH AVENUE ROAD OCALA, FL 34476	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Riley, Isaac (Ike) 4490 SW 151st Street Ocala, FL 34473	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VT WHITE, ARTHUR 1605 NW BLITCHON RD. OCALA, FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D Nelson, Willie 1603 NW Blitchton Rd. Ocala, FL 34475	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T GRIFFEN, JIM 301 SW 145TH ST OCALA, FL 34473	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D GILLINGS, ELLA 1605 NW BLITCHER RD OCALA, FL 34474	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Coleman, Nancy 2029 SW 5th Street Ocala, FL 34474	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MACK, WILLIE MAE 1605 NW BLITCHER RD OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V 303 NW 11th Avenue Ocala, FL 34475	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WILLIAMS, SAM 1605 NW BLITCHER RD OCALA, FL 34474	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	16752 North Hwy 329 Reddick, FL 32686	☒ Change ☐ Addition

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: Willie M. Mack Willie Mae Mack 07/05/07 (352) 622-7484
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #