

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED

Apr 19, 2005 08:00 AM  
Secretary of State

DOCUMENT # N97000003270

1. Entity Name  
VARICK MEMORIAL A.M.E. ZION CHURCH, INC.



Principal Place of Business  
7013 BLACKARD RD  
JACKSONVILLE, FL 32211

Mailing Address  
7013 BLACKARD RD  
JACKSONVILLE, FL 32211



04102005 No Chg-NP

CR2E037 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
NOT APPLICABLE

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

EDWARDS, VANNIE  
2541 GRAND ST  
JACKSONVILLE, FL 32211

**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

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 May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
EDWARDS, VANNIE  
2541 GRAND STREET  
JACKSONVILLE, FL 32208

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
WHITEURS, PAUL L  
7039 BLACKARD RD  
JACKSONVILLE, FL 32211

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
MCNAIR, OLIVER E  
1639 MONUMENT OAKS DR  
JACKSONVILLE, FL 32225

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

U00000316679  
04/19/05-80083-019 61.25

**DO NOT WRITE  
IN THIS SPACE**

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: *Paul L. Whiteurs*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/05

Date

(904) 725-1804

Daytime Phone #