

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 12, 2006 8:00 am
Secretary of State

04-12-2006 90095 005 ****61.25

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**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

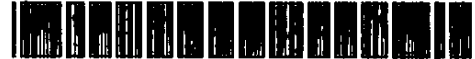
City & State

Zip

Country

Zip

Country



01102006 Chg-NP CR2E037 (11/05)

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

7. Name and Address of New Registered Agent

**EDWARDS, VANNIE
2541 GRAND ST
JACKSONVILLE, FL 32211**

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 May 1, 2006**

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
**T
EDWARDS, VANNIE
2541 GRAND STREET
JACKSONVILLE, FL 32208** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Trustee, Chair
Oliver G. McNair
1639 Monument Oaks Drive
Jacksonville, FL 32225** ☒ Change ☐ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Trustee
Charles Tabb
7039 Blackard Road
Jacksonville, FL 32211** ☐ Change ☒ Addition

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**Trustee
Vannie Edwards
2541 Grand Street
Jacksonville, FL 32208** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ Delete

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

TITLE
NAME
STREET ADDRESS
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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
☐ 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:

Oliver G. McNair

4/10/06

751-3386

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #