


# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

DOCUMENT # N97000003270 1. Entity Name VARICK MEMORIAL A.M.E. ZION CHURCH, INC.	
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Principal Place of Business 7013 BLACKARD RD JACKSONVILLE, FL 32211	Mailing Address 7013 BLACKARD RD JACKSONVILLE, FL 32211
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03042007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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

6. Name and Address of Current Registered Agent  EDWARDS, VANNIE 2541 GRAND ST JACKSONVILLE, FL 32211
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**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2007**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

U00000681703  
04/04/07-80055-011 61.25

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TC MCNAIR, OLIVER E 1639 MONUMENT OAKS DR JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T TABB, CHARLES 7039 BLACKARD RD JACKSONVILLE, FL 32211
TITLE NAME STREET ADDRESS CITY - ST - ZIP	T EDWARDS, VANNIE 2541 GRAND ST JACKSONVILLE, FL 32208
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

**DO NOT WRITE  
IN THIS SPACE**

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 E. McNair Oliver E. McNair 3/26/07 (904) 751-3386  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #