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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N46174** (1)
1. Corporation Name
NEW CONGREGATIONAL METHODIST CHURCH, GENERAL ASS EMBLY, INC.

Principal Place of Business Mailing Address
RT. 2 BOX 574 SR 125 NORTH GLEN ST. MARY FL 32040
RT. 2 BOX 574 SR 125 NORTH GLEN ST. MARY FL 32040

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **11/26/1991** 3a. Date of Last Report **04/20/1994**

4. FEI Number **59-3134486** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

YARBROUGH, ELDER J
RT. 2, BOX 574
SR. 125 NORTH
GLEN ST. MARY FL 32040

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | |
|----------------|-------------------------------|
| TITLE | D |
| NAME | WHITEHEAD, JERRY |
| STREET ADDRESS | RT. 1, BOX 529, CR 235 |
| CITY-ST-ZIP | LAKE BUTLER FL |
| TITLE | D |
| NAME | SURRENCY, JAMES |
| STREET ADDRESS | 2451 KNIGHT AVENUE |
| CITY-ST-ZIP | WAYCROSS GA |
| TITLE | D |
| NAME | DAVIS, LESLIE |
| STREET ADDRESS | RT. 2, BOX 88 CR. 227 |
| CITY-ST-ZIP | SANDERSON FL |
| TITLE | D |
| NAME | O'STEEN, JAMES |
| STREET ADDRESS | RT 1 BOX 2580 |
| CITY-ST-ZIP | GLEN ST. MARY FL |
| TITLE | D |
| NAME | SMITH, ENID |
| STREET ADDRESS | RT. 2, BOX 240, SR. 125 SOUTH |
| CITY-ST-ZIP | LAKE BUTLER FL |
| TITLE | P |
| NAME | YARBROUGH, JOHN W |
| STREET ADDRESS | RT. 2, BOX 574, SR 125 NORTH |
| CITY-ST-ZIP | GLEN ST. MARY FL |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | D. ENID PROCTOR |
| 5.3 STREET ADDRESS | RT 2 BOX 240 SR 125 SOUTH |
| 5.4 CITY-ST-ZIP | LAKE BUTLER, FL. 32054 |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: John W. Yarbrough John W. YARBROUGH 3/18/95 (904) 257-7568
Signature and typed or printed name of signing officer or director Date
President & Registered Agent