

FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 26 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N46174 (1)**  
1. Corporation Name  
**NEW CONGREGATIONAL METHODIST CHURCH, GENERAL ASS EMBLY, INC.**



Principal Place of Business <b>RT. 2 BOX 574 SR 125 NORTH GLEN ST. MARY FL 32040</b>	Mailing Address <b>RT. 2 BOX 574 SR 125 NORTH GLEN ST. MARY FL 32040-9644</b>
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3. Date Incorporated or Qualified <b>11/26/1991</b>	3a. Date of Last Report <b>02/28/1996</b>
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2. Principal Place of Business <b>21</b>	2a. Mailing Address <b>26</b>
Suite, Apt. #, etc <b>22</b>	Suite, Apt. #, etc. <b>27</b>
City & State <b>23</b>	City & State <b>28</b>
Zip <b>24</b>	Country <b>25</b>
	Country <b>30</b>

4. FEI Number <b>59-3134486</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> Zip Code

**FL**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WHITEHEAD, JERRY</b>
STREET ADDRESS	<b>RT. 1, BOX 529, CR 235</b>
CITY-ST-ZIP	<b>LAKE BUTLER FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>SURRENCY, JAMES</b>
STREET ADDRESS	<b>2451 KNIGHT AVENUE</b>
CITY-ST-ZIP	<b>WAYCROSS GA</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>DAVIS, LESLIE</b>
STREET ADDRESS	<b>RT. 2, BOX 88 CR. 227</b>
CITY-ST-ZIP	<b>SANDERSON FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>O'STEEN, JAMES</b>
STREET ADDRESS	<b>RT 1 BOX 2580</b>
CITY-ST-ZIP	<b>GLEN ST. MARY FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>PROCTOR, ENID</b>
STREET ADDRESS	<b>RT 2 BOX 574</b>
CITY-ST-ZIP	<b>GLEN ST. MARY FL</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>YARBROUGH, JOHN W</b>
STREET ADDRESS	<b>RT. 2, BOX 574, SR 125 NORTH</b>
CITY-ST-ZIP	<b>GLEN ST. MARY FL</b>

**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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>SURRENCY, JAMES</b>
2.3 STREET ADDRESS	<b>723 Cherokee Avenue</b>
2.4 CITY-ST-ZIP	<b>Waycross, Georgia 31501</b>
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Yarbrough, Enid</b>
5.3 STREET ADDRESS	<b>Rt 2 Box 573</b>
5.4 CITY-ST-ZIP	<b>Glen St Mary, FL. 32040</b>
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 does not qualify for the exemption stated in Section 119.07(3)(i), 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 617, 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 DATE 02/20/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)