



# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 11, 2008 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 745390</b>	
<b>1. Entity Name</b> NEW RIVER NEW CONGREGATIONAL METHODIST CHURCH, INC.	

<b>Principal Place of Business</b> 27187 NE CR 125 LAWTEY, FL 32058 US	<b>Mailing Address</b> 11207 NE CR 793 RAIFORD, FL 32083
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DO NOT WRITE IN THIS SPACE

	
01072008 No Chg-NP	CR2E037 (4/06)
<b>4. FEI Number</b> 59-1915877	<b>Applied For</b> <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>

**6. Name and Address of Current Registered Agent**

GRIFFIS, ALVIN A  
11207 NE CR 793  
RAIFORD, FL 32083

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**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 *Alvin A. Griffis* DATE 01-08-08

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

**Filing Fee is \$61.25**  
**Due by May 1, 2008**

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

10. OFFICERS AND DIRECTORS	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D SHADD, LEON 14251 NW 107 TRAIL LAKE BUTLER, FL 32054
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D NORMAN, STANLEY 16739 NE 262 PLACE LAWTEY, FL 32058
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	D ROSIER, DONALD 16999 NE 261 AVE. LAWTEY, FL 32058
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	S GRIFFIS, GERALDINE 11207 NE CR 793 RAIFORD, FL 32083
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	

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U00000781131  
01/15/08-80018-012 61.25

**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: *Geraldine Griffis* 01/08/08 386-  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 431-1536(4)

Date cell (904) 900-3107