

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO RESTATE: \$236.25.)

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N38451 (3)  
1. Corporation Name  
THE NEW GENERATION CHURCH OF CHRIST, INC.



Principal Place of Business

Mailing Address

C/O CHARLES H. SMITH  
1193 EAST CRUM STREET  
STARKE FL 32091

C/O CHARLES H. SMITH  
1193 EAST CRUM STREET  
STARKE FL 32091

3. Date Incorporated or Qualified 06/01/1990  
3a. Date of Last Report 04/21/1995

4. FEI Number 59-3014913  
Applied For Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Cntry

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

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

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

24 9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SMITH, CHARLES H.  
1193 EAST CRUM STREET  
STARKE FL 32091

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS

TITLE D  
NAME SMITH, CHARLES H.  
STREET ADDRESS 1193 EAST CRUM STREET  
CITY-ST-ZIP STARKE FL

☐ DELETE

TITLE D  
NAME GRANT, JANNIE  
STREET ADDRESS 2402 N.E. 69TH TERRACE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE D  
NAME MC REYNOLDS, BETTY  
STREET ADDRESS 2404 N.E. 71ST TERRACE  
CITY-ST-ZIP GAINESVILLE FL

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

1  
1 TITLE  
1 A NAME  
1 STREET ADDRESS  
1 CITY-ST-ZIP

☐ Change ☐ Addition

2  
2 TITLE  
2 A NAME  
2 STREET ADDRESS  
2 CITY-ST-ZIP

☐ Change ☐ Addition

3  
3 TITLE  
3 A NAME  
3 STREET ADDRESS  
3 CITY-ST-ZIP

☐ Change ☐ Addition

4  
4 TITLE  
4 A NAME  
4 STREET ADDRESS  
4 CITY-ST-ZIP

☐ Change ☐ Addition

5  
5 TITLE  
5 A NAME  
5 STREET ADDRESS  
5 CITY-ST-ZIP

☐ Change ☐ Addition

6  
6 TITLE  
6 A NAME  
6 STREET ADDRESS  
6 CITY-ST-ZIP

☐ Change ☐ Addition

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 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 address.

SIGNATURE:

Charles H. Smith  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Charles H. Smith 6/13/96 964-3948  
Date Daytime Phone #

0001016

CR2E037 (3/96)