SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N38451

(3)

THE NEW GENERATION CHURCH OF CHRIST, INC.

**FILED** Jul 22 1998 8:00am Secretary of State



Principal Place of Business		Malling Address					
C/O CHARLES H. SMITH 1193 EAST CRUM STREET		C/O CHARLES H. SMITH 1183 EAST CRUM STREET			3. Date Incorporated or Qualified 06/01/1990		
STARKE FL 32091		STARKE FL 32091				4. FEI Number 59-3014913	Applied For Not Applicable
Principal Place of Busines     1	38	2a. Malling Address 26				5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.				6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
City & State		City & State				7. Is this nonprofit corporation a homeowners .	
Zip 25	Country	<b>Z</b> ip <b>29</b>	Cour 30	ntry		This corporation owes or has paid the curre     Personal Property Tax due June 30.	nt year intangible Yes 🔀 No
9, Name ar	nd Address of Current R	tegistered Agent				10. Name and Address of New Registered A	rent
			i	81	Name		
SMITH, CHARLES H.   1193 EAST CRUM STREET				82 Street Address (P.O. Box Number is Not Acceptable)			
STARKE FL 32091				83			
				84	City	FL	85 Zip Code
11. Pursuant to the provisions office or registered agent.	of sections 617.0502 and or both, in the State of F	i 617.1508, Florida Statute lorida, Such change was a	s, the abov	e-na	amed corporation's	ion submits this statement for the purpose of chang is board of directors. I hereby accept the appointment	ing its registered ent as registered
agent. I am familiar with,	and accept the obligation	s of, section 617.0503, Flo	rida Statut	<b>65</b> .			
SIGNATURE typed or p	rinted name of registered agent and	d title if applicable. (N	OTE: Register	ed Ao	ent ekoneture require	ad when reinstaling) DATE	·
12.	OFFICERS AND I		13.	-		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE D		DELETE	1.1 7(1	ľLE			Change Addition
NAME SMITH, CHAI	rles H.	<b>_</b>	1.2 NA	ME			
STREET ADDRESS 1193 EAST C	RUM STREET		1.3 ST	REET	ADDRESS		
CITY-ST-ZIP STARKE FL			1.4 CI	TY-ST	-ZIP		
TITLE D		DELETE	2.1 TIT	LE			Change Addition
NAME GRANT, JANI		<del></del>	22 NA	ME			
STREET ADDRESS 2402 N.E. 69			2.3 ST	REET	address	•	
CITY-ST-ZIP GAINESVILLE	FL		2.4 C(1	TY-ST-	-ZIP	·	
TITLE D		DELETE	3.1 717	ILE			Change Addition
NAME MC REYNOLI			3.2 NA	ME		<del></del>	
STREET ADDRESS 2404 N.E. 71			3.3 \$16	REET	ADDRESS		•
CITY-ST-ZIP GAINESVILLE	FL		3.4 CIT	TY-ST-	ZIP	<u> </u>	
TITLE		DELETE	4.1 10	LE			Change Addition
NAME			4.2 NA	ME			
STREET ADDRESS			4.3 \$1	REET	ADDRESS		
CITY-ST-ZIP			4.4 CIT	IY-ST-	-ZIP		
TITLE		DELETE	5.1 TIT	LE			Change Addition
NAME			5.2 NA	ME	1		
STREET ADDRESS			5.3 STF	REET	ADDRESS		
CITY-ST-ZIP			5.4 CIT	ry-st-	ZIP		
TITLE		DELETE	6.1 TIT	LE		_ [	Change Addition
NAME			6.2 NA	ME	ĺ		ļ
STREET ADDRESS			6.3 ST	REET	ADDRESS		
CITY-ST-ZIP			6.4 C/T	_		440.07(0)(0) Fig. 14. 00	-tu - 1-t
TA I hereby certify that the int	rormation supplied with thi	ie mino dobe nat aublitu for	TOO BYOMO	MICON.	stated in section	ion 119 07/3\/i) Floride Statutes I further certify the	at the information

Indicated on this annual report or supplied with this infigures not quality for the exemption stated in section 118.07(3)(i), Florida Statutes. I furner certify that the information indicated on this annual report or suppliemental 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.