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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
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

3. Date Incorporated or Qualified **11/26/1991** 3a. Date of Last Report **03/21/1995**
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**
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 **N/A**
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 _____ 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 <input type="checkbox"/> DELETE
NAME	WHITEHEAD, JERRY
STREET ADDRESS	RT. 1, BOX 529, CR 235
CITY-ST-ZIP	LAKE BUTLER FL
TITLE	D <input type="checkbox"/> DELETE
NAME	SURRENCY, JAMES
STREET ADDRESS	2451 KNIGHT AVENUE
CITY-ST-ZIP	WAYCROSS GA
TITLE	D <input type="checkbox"/> DELETE
NAME	DAVIS, LESLIE
STREET ADDRESS	RT. 2, BOX 88 CR. 227
CITY-ST-ZIP	SANDERSON FL
TITLE	D <input type="checkbox"/> DELETE
NAME	O'STEEN, JAMES
STREET ADDRESS	RT 1 BOX 2580
CITY-ST-ZIP	GLEN ST. MARY FL
TITLE	D <input type="checkbox"/> DELETE
NAME	PROCTOR, ENID
STREET ADDRESS	RT. 2, BOX 240, SR. 125 SOUTH
CITY-ST-ZIP	LAKE BUTLER FL
TITLE	P <input type="checkbox"/> DELETE
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ENID Proctor
5.3 STREET ADDRESS	RT 2 BOX 574
5.4 CITY-ST-ZIP	Glen St. Mary, FL 32040
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	\$ Deposited by Bank
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 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* 2-13-96 (904) 259-7568
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)