

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 16, 1999 8:00 am
Secretary of State

03-16-1999 90130 038 ****70.00

0000436

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N46174

1. Corporation Name
NEW CONGREGATIONAL METHODIST CHURCH, GENERAL ASS EMBLY, INC.

Principal Place of Business RT. 2 BOX 574 SR 125 NORTH GLEN ST. MARY FL 32040	Mailing Address RT. 2 BOX 574 SR 125 NORTH GLEN ST. MARY FL 32040
--	--



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 11/26/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-3134486 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

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 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WHITEHEAD, JERRY	1.2 NAME	
STREET ADDRESS	RT. 1, BOX 529, CR 235	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE BUTLER FL	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SURRENCY, JAMES	2.2 NAME	
STREET ADDRESS	723 CHEROKEE AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	WAYCROSS GA	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, LESLIE	3.2 NAME	
STREET ADDRESS	RT. 2, BOX 88 CR. 227	3.3 STREET ADDRESS	
CITY-ST-ZIP	SANDERSON FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	O'STEEN, JAMES	4.2 NAME	
STREET ADDRESS	RT 1 BOX 2580	4.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARBROUGH, ENID	5.2 NAME	
STREET ADDRESS	RT 2 BOX 573	5.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	5.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YARBROUGH, JOHN W	6.2 NAME	
STREET ADDRESS	RT. 2, BOX 574, SR 125 NORTH	6.3 STREET ADDRESS	
CITY-ST-ZIP	GLEN ST. MARY FL	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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 as an attachment with an address, with all other like empowered.

SIGNATURE: *John W Yarbrough* 3-16-99 259-7508
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)