

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 16, 2001 8:00 am
Secretary of State

03-16-2001 90051 027 ****70.00

DOCUMENT # N46174

1. Entity Name
NEW CONGREGATIONAL METHODIST CHURCH, GENERAL ASSEMBLY

Principal Place of Business Mailing Address
~~RT. 2 BOX 574~~ **17707** ~~RT. 2 BOX 574~~ **17707**
CR 125 NORTH **CR 125 NORTH**
GLEN ST. MARY FL 32040 **GLEN ST. MARY FL 32040**

2. Principal Place of Business 3. Mailing Address
17707 CR 125 N **17707 CR 125 N**
Glen St Mary, FL **Glen St Mary, FL 32040**
 Suite, Apt. #, etc. Suite, Apt. #, etc.



DO NOT WRITE IN THIS SPACE

City & State City & State 4. FEI Number Applied For
Glen St Mary, FL 32040 **Glen St Mary, FL** **59-3134486** Not Applicable
 Zip Country Zip Country 5. Certificate of Status Desired \$8.75 Additional Fee Required
32040 USA 32040 USA

6. Name and Address of Current Registered Agent
YARBROUGH, ELDER J
~~RT. 2, BOX 574~~ **17707**
CR. 125 NORTH
GLEN ST. MARY FL 32040

7. Name and Address of New Registered Agent
 Name **YARBROUGH, Elder J.**
 Street Address (P.O. Box Number is Not Acceptable)
17707 CR. 125 North
 City **Glen St Mary, FL** Zip Code **32040**

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.
Change of Address
 SIGNATURE *John W Yarbrough* DATE **3/14/01**
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	D <input checked="" type="checkbox"/> Delete
NAME	WHITEHEAD, JERRY 23507 N.W
STREET ADDRESS	RT. 1, BOX 829, CR 235
CITY-ST-ZIP	LAKE BUTLER FL - 32054
TITLE	D <input type="checkbox"/> Delete
NAME	SURRENCY, JAMES
STREET ADDRESS	720 CHEROKEE AVENUE 2495 Ambro St.
CITY-ST-ZIP	WAYCROSS GA 31501
TITLE	D <input type="checkbox"/> Delete
NAME	DAVIS, LESLIE
STREET ADDRESS	RT. 2, BOX 88 CR. 227
CITY-ST-ZIP	SANDERSON FL 32087
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	O'STEEN, JAMES
STREET ADDRESS	2555 BOX 6600
CITY-ST-ZIP	GLEN ST. MARY FL 32040
TITLE	D <input checked="" type="checkbox"/> Delete
NAME	YARBROUGH, ENID
STREET ADDRESS	RT. 2 BOX 573 17655 CR. 125 N
CITY-ST-ZIP	GLEN ST. MARY FL 32040
TITLE	P <input checked="" type="checkbox"/> Delete
NAME	YARBROUGH, JOHN W
STREET ADDRESS	RT. 2 BOX 574 CR 125 NORTH 17707 CR 125 NORTH
CITY-ST-ZIP	GLEN ST. MARY FL 32040

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Whitehead, Jerry
STREET ADDRESS	23507 N.W. CR 235
CITY-ST-ZIP	Lake Butler, FL. 32054
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Surrency, James
STREET ADDRESS	2495 Ambro Street
CITY-ST-ZIP	Waycross, Ga. 31501
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Osteen, James
STREET ADDRESS	8447 Osteen Road
CITY-ST-ZIP	Glen St Mary, FL. 32040
TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yarbrough, Enid
STREET ADDRESS	17655 CR 125 North
CITY-ST-ZIP	Glen St Mary, FL. 32040
TITLE	P <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Yarbrough, John W
STREET ADDRESS	17707 CR 125 North
CITY-ST-ZIP	Glen St Mary, FL. 32040

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *John W Yarbrough* DATE: **3/14/01** DAYTIME PHONE #: **(904) 259-7568**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/00)