


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jun 15, 2005 8:00 am
Secretary of State

06-15-2005 90094 041 ****70.00

DOCUMENT # N46174					
1. Entity Name NEW CONGREGATIONAL METHODIST CHURCH, GENERAL ASSEMBLY, INC.					
Principal Place of Business 17707 CR 125 N GLEN ST. MARY, FL 32040		Mailing Address 17707 CR 125 N GLEN ST. MARY, FL 32040			
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-3134486	
				Applied For Not Applicable	
5. Certificate of Status Desired				<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
YARBROUGH, ELDER J 17707 CR 125 NORTH GLEN ST. MARY, FL 32040			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			State: FL Zip Code		
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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by September 7, 2005		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WHITEHEAD, JERRY		NAME		
STREET ADDRESS	23507 NW CR 235		STREET ADDRESS		
CITY-ST-ZIP	LAKE BUTLER, FL 32054		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SURRENCY, JAMES		NAME		
STREET ADDRESS	2495 ANBRO STREET		STREET ADDRESS		
CITY-ST-ZIP	WAYCROSS, GA 31501		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	SMITH, ROCKY J		NAME		
STREET ADDRESS	17655 N. CR 125		STREET ADDRESS		
CITY-ST-ZIP	GLEN SAINT MARY, FL- 32040		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	O'STEEN, JAMES		NAME		
STREET ADDRESS	8447 OSTEEN ROAD		STREET ADDRESS		
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040		CITY-ST-ZIP		
TITLE	D	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LUPTON, ENID Y		NAME		
STREET ADDRESS	17655 CR 125 NORTH		STREET ADDRESS		
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040		CITY-ST-ZIP		
TITLE	P	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	YARBROUGH, JOHN W		NAME		
STREET ADDRESS	17707 CR 125 NORTH		STREET ADDRESS		
CITY-ST-ZIP	GLEN SAINT MARY, FL 32040		CITY-ST-ZIP		
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: <i>John W Yarbrough</i>			JOHN W YARBROUGH (904) 6-13-05 759-7568		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		