


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 02, 2006 8:00 am
Secretary of State

02-02-2006 90075 021 ****70.00

DOCUMENT # N46174

1. Entity Name
NEW CONGREGATIONAL METHODIST CHURCH, GENERAL ASSEMBLY, INC.



Principal Place of Business Mailing Address
 17707 CR 125 N 17707 CR 125 N
 GLEN ST. MARY FL 32040 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

1st MOORE CR2E037 (10/05)

6. Name and Address of Current Registered Agent

YARBROUGH, ELDER J
 17707 CR 125 NORTH
 GLEN ST. MARY FL 32040

7. Name and Address of New Registered Agent

Name: _____
 Street Address (P.O. Box Number is Not Acceptable): _____
 City: _____ 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 _____ DATE _____
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
Due By May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	WHITEHEAD, JERRY	
STREET ADDRESS	23507 NW CR 235	
CITY-ST-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	SURRENCY, JAMES	
STREET ADDRESS	2495 ANBRO STREET	
CITY-ST-ZIP	WAYCROSS GA 31501	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROCKY J	
STREET ADDRESS	17655 N. CR 125	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'STEEN, JAMES	
STREET ADDRESS	8447 OSTEEN ROAD	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUPTON, ENID Y	
STREET ADDRESS	17655 CR 125 NORTH	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	
TITLE	P	<input type="checkbox"/> Delete
NAME	YARBROUGH, JOHN W	
STREET ADDRESS	17707 CR 125 NORTH	
CITY-ST-ZIP	GLEN SAINT MARY FL 32040	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Surrency, James	
STREET ADDRESS	RT 2 Box 273-D	
CITY-ST-ZIP	Waycross, Georgia 31503-9406	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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* - **John W YARBROUGH 1-23-06 259-7568** (904)