

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 26, 2007 08:00 AM**

**Secretary of State**

*No Change.*

**DOCUMENT # N46174**

1. Entity Name

**NEW CONGREGATIONAL METHODIST CHURCH, GENERAL ASSEMBLY, INC.**



Principal Place of Business

Mailing Address

17707 CR 125 N  
GLEN ST. MARY FL 32040

17707 CR 125 N  
GLEN ST. MARY FL 32040

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/06)

4. FEI Number

59-3134486

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$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

**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

*John W. Yarbrough*

(NOTE: Registered Agent signature required when reinstating)

DATE

*3-22-07*

**FILE NOW: FEE IS \$61.25  
Due By May 1, 2007**

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-STATE-ZIP	LAKE BUTLER FL 32054	
TITLE	D	<input type="checkbox"/> Delete
NAME	SURRENCY, JAMES	
STREET ADDRESS	R12 BOX 4273-D	
CITY-STATE-ZIP	WAYCROSS GA 31503	
TITLE	D	<input type="checkbox"/> Delete
NAME	SMITH, ROCKY J	
STREET ADDRESS	17655 N. CR 125	
CITY-STATE-ZIP	GLEN SAINT MARY FL 32040	
TITLE	D	<input type="checkbox"/> Delete
NAME	O'STEEN, JAMES	
STREET ADDRESS	8447 OSTEEN ROAD	
CITY-STATE-ZIP	GLEN SAINT MARY FL 32040	
TITLE	D	<input type="checkbox"/> Delete
NAME	LUPTON, ENID Y	
STREET ADDRESS	17655 CR 125 NORTH	
CITY-STATE-ZIP	GLEN SAINT MARY FL 32040	
TITLE	P	<input type="checkbox"/> Delete
NAME	YARBROUGH, JOHN W	
STREET ADDRESS	17707 CR 125 NORTH	
CITY-STATE-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-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

1100000680392  
04/03/07-80075-0263 Change ☐ Addition

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*