


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.	
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Principal Place of Business 17707 CR 125 N GLEN ST. MARY FL 32040	Mailing Address 17707 CR 125 N GLEN ST. MARY FL 32040
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2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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1st MOORE CR2E037 (10/06)

City & State Zip Country	City & State Zip Country
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4. FEI Number 59-3134486	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

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
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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* 3-22-07
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering) DATE

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

9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees
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**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D WHITEHEAD, JERRY 23507 NW CR 235 LAKE BUTLER FL 32054	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SURRENCY, JAMES R12 BOX 4273-D WAYCROSS GA 31503	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D SMITH, ROCKY J 17655 N. CR 125 GLEN SAINT MARY FL 32040	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D O'STEEN, JAMES 8447 OSTEEN ROAD GLEN SAINT MARY FL 32040	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	D LUPTON, ENID Y 17655 CR 125 NORTH GLEN SAINT MARY FL 32040	<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP	P YARBROUGH, JOHN W 17707 CR 125 NORTH GLEN SAINT MARY FL 32040	<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>
TITLE NAME STREET ADDRESS CITY-STATE-ZIP		<input type="checkbox"/>

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*