


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90019 033 ****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 - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		1st MOORE CR2E037 (10/07)	
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	
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 _____ <small>Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent Signature is required when reinstating)</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2008		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 NAME STREET ADDRESS CITY-ST-ZIP	D WHITEHEAD, JERRY 23507 NW CR 235 LAKE BUTLER FL 32054 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SURRENCY, JAMES R12 BOX 4273-D WAYCROSS GA 31503 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Shirley A WARD 175 Woodrow St Jacksonville, FL 32208 <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SMITH, ROCKY J 17655 N. CR 125 GLEN SAINT MARY FL 32040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'STEEN, JAMES 8447 OSTEEN ROAD GLEN SAINT MARY FL 32040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LUPTON, ENID Y 17655 CR 125 NORTH GLEN SAINT MARY FL 32040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P YARBROUGH, JOHN W 17707 CR 125 NORTH GLEN SAINT MARY FL 32040 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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* 3-26-08 (904) 254-7564