## 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N46174

FILED May 18, 2009 Secretary of State

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

	rincipal Place of Business:	New Principal Place of Business:
17707 CR GLEN ST.	125 N MARY, FL 32040	
Current M	lailing Address:	New Mailing Address:
17707 CR GLEN ST.	125 N MARY, FL 32040	
n accordan	: 59-3134486 FEI Number Applied For ( ce with s. 607.193(2)(b), F.S., the corporation of I Address of Current Registered Agen	did not receive the prior notice.
YARBROL 17707 CR GLEN ST. The above	JGH, ELDER J 125 NORTH MARY, FL 32040 US named entity submits this statement for	the purpose of changing its registered office or registered agent, or both,
	e of Florida.	
SIGNATUF	Electronic Signature of Registered	d Agent Date
OFFICERS	S AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
Γitle: Name:	D ( ) Delete WHITEHEAD, JERRY	Title: ( ) Change ( ) Addition Name:
	23507 NW CR 235 LAKE BUTLER, FL 32054	Address: City-St-Zip:
City-St-Zip: Title: Name: Address:		
City-St-Zip:  City-St-Zip:  Ciddress:  City-St-Zip:  Citle:  Lame:  Laddress:	D () Delete WARD, SHIRLEY A 175 WOODVOW ST	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
Address: City-St-Zip: Title: dame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip: Title: Jame: Address: City-St-Zip:	D () Delete WARD, SHIRLEY A 175 WOODVOW ST JACKSONVILLE, FL 32208 D () Delete SMITH, ROCKY J 17655 N. CR 125	City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition  Name: Address:
City-St-Zip:  Title:  Iame:  Iddress:  City-St-Zip:  Title:  Iame:  Iddress:  City-St-Zip:  Title:  Iddress:  City-St-Zip:  Title:  Iddress:  Iddress:  Iddress:	D () Delete WARD, SHIRLEY A 175 WOODVOW ST JACKSONVILLE, FL 32208  D () Delete SMITH, ROCKY J 17655 N. CR 125 GLEN SAINT MARY, FL 32040  D () Delete O'STEEN, JAMES 8447 OSTEEN ROAD	City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:  Title: ( ) Change ( ) Addition Name: Address: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ELDER JOHN W. YARBROUGH Ρ 05/18/2009