


**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 02, 2003 8:00 am**  
**Secretary of State**

04-02-2003 90052 011 \*\*\*\*70.00

<b>DOCUMENT # N46174</b>	
1. Entity Name <b>NEW CONGREGATIONAL METHODIST CHURCH, GENERAL ASS SEMBLY, INC.</b>	

Principal Place of Business <b>17707 CR 125 N GLEN ST. MARY FL 32040</b>	Mailing Address <b>17707 CR 125 N GLEN ST. MARY FL 32040</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State



CHECK HERE IF MAKING CHANGES

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

6. Name and Address of Current Registered Agent	
<b>YARBROUGH, ELDER J 17707 CR 125 NORTH GLEN ST. MARY FL 32040</b>	

7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**

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 <b>D</b>	<input type="checkbox"/> Delete
NAME <b>WHITEHEAD, JERRY</b>	
STREET ADDRESS <b>23507 NW CR 235</b>	
CITY-ST-ZIP <b>LAKE BUTLER FL 32054</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SURRENCY, JAMES</b>	
STREET ADDRESS <b>2495 ANBRO STREET</b>	
CITY-ST-ZIP <b>WAYCROSS GA 31501</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>DAVIS, LESLIE</b>	
STREET ADDRESS <b>RT 2 BOX 86 CR 22 10229 Bertie Davis CIV.</b>	
CITY-ST-ZIP <b>SANDERSON FL</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>O'STEEN, JAMES</b>	
STREET ADDRESS <b>8447 OSTEEN ROAD</b>	
CITY-ST-ZIP <b>GLEN SAINT MARY FL 32040</b>	
TITLE <b>D</b>	<input type="checkbox"/> Delete
NAME <b>SIXES, ENID Y</b>	
STREET ADDRESS <b>17655 CR 125 NORTH</b>	
CITY-ST-ZIP <b>GLEN SAINT MARY FL 32040</b>	
TITLE <b>P</b>	<input type="checkbox"/> Delete
NAME <b>YARBROUGH, JOHN W</b>	
STREET ADDRESS <b>17707 CR 125 NORTH</b>	
CITY-ST-ZIP <b>GLEN SAINT MARY FL 32040</b>	

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	<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	
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 exemption stated in Section 119.07(3)(i), 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: *[Signature]* **SIGNATURE REQUIRED** **3-31-03 (904) 2592568**

CR2E037 (10/02)