

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

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 719957 (3)

1. Corporation Name  
**THE GOOD NEWS BAPTIST CHURCH, INC.**



Principal Place of Business: 2600 ST. JOHNS BLUFF RD. SO. JACKSONVILLE FL 32216  
Mailing Address: 2600 ST. JOHNS BLUFF RD. SO. JACKSONVILLE FL 32216

3. Date Incorporated or Qualified: 12/30/1970  
3a. Date of Last Report: 06/29/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields with handwritten zip code 32246.

4. FEI Number: 59-1778006  
5. Certificate of Status Desired: \$8.75 Additional Fee Required  
6. Election Campaign Financing: \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes  No

9. Name and Address of Current Registered Agent: TAYLOR, ROBERT E. 2630 BELFORD ROAD JACKSONVILLE FL 32216  
10. Name and Address of New Registered Agent (81-85) fields.

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: FROST, EDWIN	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 10771 INDIES DR N.	CITY-ST-ZIP: JACKSONVILLE FL	1.2 NAME	
TITLE: D	NAME: HIEDEMAN, RALPH	1.3 STREET ADDRESS	
STREET ADDRESS: 1721 DIBBLE CIR.	CITY-ST-ZIP: JACKSONVILLE FL	1.4 CITY-ST-ZIP	
TITLE: STD	NAME: TAYLOR, ROBERT E.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 2630 BELFORD ROAD	CITY-ST-ZIP: JACKSONVILLE FL	2.2 NAME	
TITLE: D	NAME: DUPRIEST, JAMES	2.3 STREET ADDRESS	
STREET ADDRESS: 2737 FOREST BLVD	CITY-ST-ZIP: JACKSONVILLE FL	2.4 CITY-ST-ZIP	
TITLE: VD	NAME: GROSSHOLZ, THOMAS	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 1015 MAYER DR	CITY-ST-ZIP: JACKSONVILLE FL	3.2 NAME	
TITLE: D	NAME: FOSTER, JERRY L	3.3 STREET ADDRESS	
STREET ADDRESS: 570 VALLEY FORGE RD	CITY-ST-ZIP: NEPTUNE BCH FL	3.4 CITY-ST-ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY-ST-ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY-ST-ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert E. Taylor TREASURER Date: 4/25/96 (904) 641-5983

CR2E037 (12/95)