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

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # 719957**

1. Corporation Name

THE GOOD NEWS BAPTIST CHURCH, INC.

Principal Place of Business 2600 ST.JOHNS BLUFF RD. SO. JACKSONVILLE FL 32246

2. Principal Place of Business

Mailing Address

2a. Mailing Address

2600 ST.JOHNS BLUFF RD. SO. JACKSONVILLE FL 32246

US

## FILED Mar 29, 1999 8:00 am § Secretary of State

03-29-1999 90006 033 \*\*\*\*61.25



3. Date Incorporated or Qualifed

21		26			12/30/1970		
	Apt. #, etc. Suite, Apt. #, etc.			···	4. FEI Number	Apr	olied For
22	27				59-1778006	Not	Applicable
City & State City & State					5 0 0 0 0 0 0 0 0 0 0 0	\$8.75 A	dditional
28					5. Certifcate of Status Desired	Fee Red	quired
			Country	,	6. Election Campaign Financing	\$5.00	May Be
25 29 30			30		Trust Fund Contribution	Added to	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registe	ered Agent	
			81	Name			
TAYLOR, ROBERT E.				Charat Add	ress (P.O. Box Number is Not Acceptable)		
2630 BELFORT ROAD				Street Addr	ress (F.O. Box Number is Not Acceptable)		
				<del> </del>			
JACKSONVILLE FL 32216				L			
			84	City		FL 85 Zip C	Code
44		and 647 4500. Florida Chabita	the short	o pomod com	poration submits this statement for the purpor		registered
office or n	egistered agent, or both, in the State of	Florida. Such change was aut	thorized by	tne corporati	on's board of directors. I hereby accept the	appointment as rec	gistered
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Florid	da Statutes	i.			
SIGNATURE	. 61			-			
	Signature, typed or printed name of registered agent a			nt signature require	ad when reinstating) DA' ADDITIONS/CHANGES TO OFFICER		PS IN 12
12.	PD DELETE		13.		ADDITIONS/CHANGES TO OFFICEN	Change	Addition
TITLE	PD	☐ DELETE	1.1 TITLE			onange	
NAME	TRICE, LARRY		12 NAME				
STREET ADDRESS	2137 LEON RD		1.3 STREE	TADORESS			
CITY-ST-ZIP			1,4 CITY-S	T-ZIP			
TITLE	D	☐ DELETE	2.1 TITLE			Change	☐ Addition
NAME	HIEDEMAN, RALPH		2.2 NAME				
STREET ADDRESS	1721 DIBBLE CIR.		2.3 STREE	T ADDRESS			
CITY-ST-ZIP	JACKSONVILLE FL		2. 4 CITY-5	ST-ZIP			
TITLE	STD. — DELETE - 3.1TI		-3.1 TITLE	=		Change	Addition
NAME	TAYLOR, ROBERT E. 32		3.2 NAME				
STREET ADDRESS	2630 BELFORT ROAD		3.3 STREE	TADDRESS			
	JACKSONVILLE FL		3.4. CITY-5	ST-ZIP			
CITY-ST-ZIP TITLE			4.1 TITLE			☐ Change	Addition
NAME	DUPRIEST, JAMES		4. 2 NAME				
	2737 FOREST BLVD			T ADDRESS			
STREET ADDRESS	JACKSONIVLLE FL.			i i			
CITY-ST-ZIP	VD VD	<b>K</b> XDELETE	4.4 CITY-ST-ZIP 5.1 TITLE		VD	☐ Change	XXAddition
TITLE	l 'T	Typecole	5.1 IIILE 5.2 NAME		MUSTON, JR, IRVIN	,	
NAME	GROSSHOLZ, THOMAS			TADDRESS	745 COTTAGE HILL DR E.		
STREET ADDRESS			5.3 STREE		JACKSONVILLE, FL	_	
CITY-ST-ZIP	JACKSONVILLE FL			η-ΔΡ	JACASUNVILLE, FL	Change	☐ Addition
TITLE	D	☐ DELETE	6.1 TITLE			change	
NAME	FOSTER, JERRY L		6.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	NEPTUNE BCH FL		6.4 CITY-S				
14. I hereby	certify that the information supplied with	this filing does not qualify for	the exempt	tion stated in	Section 119.07(3)(i), Florida Statutes. I furthe	er certify that the in	nformation

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 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 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 on an attachment with an address, with all other like empowered.

SIGNATURE

CATURE AND TYPED OF PRINTED HOME OF SIGNING OFFICER OR DIRECTOR

**3**/22/

(904) 641**-**5983

Davtime Phone #

CB0E037 (11/98)