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

an attachment with an address, with all other like empowered

## **FILED DOCUMENT # 720399** Apr 04, 2008 08:00 Al Secretary of State 1. Entity Name GOOD NEWS BAPTIST CHURCH OF TAMPA INC Principal Place of Business Mailing Address 2314 N JEFFERSON ST TAMPA FL 33602 2314 N JEFFERSON ST **TAMPA FL 33602** 2. Principa: Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite Apt # etc CR2E037 (10/07) 1st MOORE City & State City & State Applied For 4. FEI Number 59-3115890 Not Applicable Ζıp Country Ζıp Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name KELLY, EARL SR Street Address (P.O. Box Number is Not Acceptable) 2314 N JEFFERSON ST TAMPA FL 33602 City Zip Code FI 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Begistered Agent signature required when reinstating) Make Check Payable to FILE NOW: FEE IS \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. ; ∠ Due By May 1, 2008 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES FOR PRINCERS AND DIRECTORS IN 10 TITLE ☐ Delete TITLE 04/16/08-80003-01 @ \$₱₱925 □ Addition KÉLLY, EARL SR NAME NAME 2314 N JEFFERSON ST STREET ADDRESS STREET ADDRESS TAMPA FL 33602 CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete -TITLE Change ☐ Addition KELLY, EARL JR NAME NAME 2314 N JEFFERSON ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition KELLY, RASHA NAME NAME 2314 N JEFFERSON ST STREET ADDRESS STREET ADDRESS **TAMPA FL 33602** CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY+ST-ZIP CITY-ST-ZP TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Addition TITLE TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling does not qualify for the exemptions contained in Section 119. Florida Statutes, I further certify that the information indicated on this report or suppliemental 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