

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

FILED
Feb 24, 2003 8:00 am
Secretary of State

01-17-2003 90139 012 ****61.25

DOCUMENT # 720399

1. Entity Name

GOOD NEWS BAPTIST CHAPEL, INC.



Principal Place of Business

2314 N. JEFFERSON STREET
TAMPA FL 33602

Mailing Address

2314 N. JEFFERSON STREET
TAMPA FL 33602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3115890**

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

KELLY, EARL REV.
2314 N. JEFFERSON ST.
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(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	C	<input type="checkbox"/> Delete
NAME	BINGHAM, WILLIAM	
STREET ADDRESS	302 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WILLIAMS, DAVID	
STREET ADDRESS	302 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	REAVES, VIRGINIA	
STREET ADDRESS	302 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	WEAVER, RON.	
STREET ADDRESS	302 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	MCWILLIAMS, DORIS	
STREET ADDRESS	302 W KENNEDY BLVD	
CITY-ST-ZIP	TAMPA FL	
TITLE	P	<input type="checkbox"/> Delete
NAME	KELLY, EARL Sr.	
STREET ADDRESS	2314 NORTH JEFFERSON ST.	
CITY-ST-ZIP	TAMPA FL	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY EARL JR	
STREET ADDRESS	2314 NORTH JEFFERSON ST.	
CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EUGENE CUMMING	
STREET ADDRESS	2314 NORTH JEFFERSON ST.	
CITY-ST-ZIP	TAMPA, FL 33602	
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		

CR2E037 (10/02)

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 REQUIRED

Earl Kelly Sr.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #