

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 725506 (0)
 Corporation Name
GOOD NEWS BAPTIST CHURCH, INC. OF MIAMI



Principal Place of Business 1351 N.W. 32ND COURT MIAMI FL 33125-1849	Mailing Address 1351 N.W. 32ND COURT MIAMI FL 33125-1849
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3. Date Incorporated or Qualified 02/08/1973		
4. FEI Number 51-0188877	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	28 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	30 Country

9. Name and Address of Current Registered Agent

NELSONA, SOSA
3030 SW 62ND CT.
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

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

TITILE	T	<input type="checkbox"/> DELETE
NAME	VIERA, FELIPE	
STREET ADDRESS	3714 N.W. 12TH TERRACE	
CITY-ST-ZIP	MIAMI FL	
TITILE	D	<input type="checkbox"/> DELETE
NAME	TORRES, TOMAS	
STREET ADDRESS	5980 W FLAGLER ST #4	
CITY-ST-ZIP	MIAMI FL	
TITILE	S	<input type="checkbox"/> DELETE
NAME	GUZMAN, JUANA CELIA	
STREET ADDRESS	2505 SW 132 CT	
CITY-ST-ZIP	MIAMI FL	
TITILE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, JUAN	
STREET ADDRESS	525 S.W. 59 AVE.	
CITY-ST-ZIP	MIAMI FL	
TITILE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, RIGOBERTO	
STREET ADDRESS	201 S.W. 51ST AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITILE	PD	<input type="checkbox"/> DELETE
NAME	GUZMAN, OBEL	
STREET ADDRESS	8821 SW 52ND ST.	
CITY-ST-ZIP	MIAMI FL 33165	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
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 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 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: *(Obel Guzman)* *(Signature)* 1-30-98 (305-635-8058)

CR2E037 (10/97)