

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 01, 1999 8:00 am**  
**Secretary of State**

03-01-1999 90071 043 \*\*\*\*61.25

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|   |   |  |
|---|---|--|
| NONPROFIT CORPORATION<br>ANNUAL REPORT<br><b>1999</b> |  | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---|---|--|

**DOCUMENT # 725506**

1. Corporation Name  
**GOOD NEWS BAPTIST CHURCH, INC. OF MIAMI**

|  |  |
|--|--|
| Principal Place of Business<br>1351 N.W. 32ND COURT<br>MIAMI FL 33125-1849 | Mailing Address<br>1351 N.W. 32ND COURT<br>MIAMI FL 33125-1849 |
|--|--|



|                                      |                           |   |
|--------------------------------------|---------------------------|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 3. Date Incorporated or Qualified<br>02/08/1973   |
| Suite, Apt. #, etc.<br>22            | Suite, Apt. #, etc.<br>27 | 4. FEI Number<br>51-0188877<br>Applied For<br>Not Applicable  |
| City & State<br>23                   | City & State<br>28        | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required                    |
| Zip<br>24                            | Country<br>25             | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

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 **FL** 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

|                |                        |  |
|----------------|------------------------|--|
| TITLE          | T                      | <input checked="" type="checkbox"/> DELETE |
| NAME           | VIERA, FELIPE          |  |
| STREET ADDRESS | 3714 N.W. 12TH TERRACE |  |
| CITY-ST-ZIP    | MIAMI FL               |  |
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | TORRES, TOMAS          |  |
| STREET ADDRESS | 5980 W FLAGLER ST #4   |  |
| CITY-ST-ZIP    | MIAMI FL               |  |
| TITLE          | S                      | <input type="checkbox"/> DELETE            |
| NAME           | GUZMAN, JUANA CELIA    |  |
| STREET ADDRESS | 2505 SW 132 CT         |  |
| CITY-ST-ZIP    | MIAMI FL               |  |
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | LOPEZ, JUAN            |  |
| STREET ADDRESS | 525 S.W. 59 AVE.       |  |
| CITY-ST-ZIP    | MIAMI FL               |  |
| TITLE          | D                      | <input type="checkbox"/> DELETE            |
| NAME           | DIAZ, RIGOBERTO        |  |
| STREET ADDRESS | 201 S.W. 51ST AVENUE   |  |
| CITY-ST-ZIP    | MIAMI FL               |  |
| TITLE          | 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          | T                      | <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME           | AGUAYO, JOSE           |   |
| 1.3 STREET ADDRESS | 740 N.W. 25 AVE. # 219 |   |
| 1.4 CITY-ST-ZIP    | MIAMI, FLA. 33125      |   |
| 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, with all other like empowered.

SIGNATURE: *[Signature]* **SIGNATURE REQUIRED** GUZMAN. 2/1/99. (305)635-8058  
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (1/98)