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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

730700

(2)

| DOCUMENT # 730700 (2) 1. Corporation Name GOOD NEWS FELLOWSHIP CHURCH, INC.  |  |  |   |  |   |
|--|--|--|---|--|---|
|  |  | Mailing Address  |   |  | 1914 G1811 91911 91811 91814 81811 91911 1681   |
| Principal Place of Business  |  | •  |   |  |   |
| ioi s.w. 38th avenue<br>Ft lauderdale fl 33312   |  | 201 S.W. 38TH AVENUE<br>FT LAUDERDALE FL 333   | 112   |  |   |
|  |  | FT ENDERHONCE TE TOTAL   |   | 3. Date Incorporated or Qualified  | 3a. Date of Last Report   |
|  |  |  |   | 09/16/1974   | 05/01/1995  |
| Dringing Dig   | ce of Business   | 2a. Mailing Address  |   | 4. FEI Number  | Applied For   |
| Principal Fia  | Ce of Business   | 26   |   | 23-7421538   | Not Applicable  \$8.75 Additional   |
| Suite Apt. #   | , etc.   | Suite, Apt. #, etc.  |   | <ol><li>Certificate of Status Desired</li></ol>  | Fee Required  |
|  |  | 27   |   | 6. Election Campaign Financing   | \$5.00 May Be   |
| City & State   |  | City & State   |   | Trust Fund Contribution  | Added to Fees   |
| 7:-  | Country  | Zip  | Country   | 8. This corporation has liability for  | intangible tax under s. 199.032,  |
| Zip  | 25   | 29   | 30  |  | Yes No  |
|  | 9. Name and Address of Curr  | ent Registered Agent   | nd N  | 10. Name and Address of New F  | registered Agent  |
| SUTTON, ROBERT A.<br>860 OLEANDER DR.  |  |  | 81 Name   |  |   |
|  |  |  | 82 Street Add   | dress (P.O. Box Number is Not Acceptat   | DIe)  |
|  |  |  | 83  |  |   |
| PLANTA   | NON FL 33317   |  | <u> </u>  |  | 85 Zip Code   |
|  |  |  | 84 City   |  | FL ( )  |
| Pursuant to<br>or register   | to the provisions of Sections 617.03<br>red agent, or both, in the State of Fl   | lorida. Such change was authoriz   | ed by the corporation's boo   | oration submits this statement for the pu<br>ard of directors. I hereby accept the app | pointment as registered agent. Lam  |
| or register<br>familiar wi   | ed agent, or both, in the state of the state | ection 617.0503, Florida Statutes  | i).<br>DTE: Registered Agent signature requir   | avad when remshiring)  | DATE  |
| or register<br>familiar wi<br>IGNATURE   | ed agent, or both, in the state of the h, and accept the obligations of. Si Signature, typed or printed name of registered as OFFICERS.  | ection 617.0503, Florida Statutes  oct and tile if applicable (NO  AND DIRECTORS                               | 5.  | avad when remshiring)  | DATE<br>FIGERS AND DIRECTORS IN 12  |
| or register<br>familiar wi<br>IGNATURE<br>1<br>1<br>1<br>1   | ed agent, or both, in the State of 19 th, and accept the obligations of, Si Signature, typed or printed name of registered as  OFFICERS 3  | ection 617.0503, Florida Statutes  | a.<br>DTE. Registered Agent signature require<br>13.  | avad when remshiring)  | DATE<br>FIGERS AND DIRECTORS IN 12  |
| or register<br>familiar wi<br>IGNATURE<br>2.<br>TLE  | ed agent, or both, in the state of the h, and accept the obligations of. Si Signature, typed or printed name of registered as OFFICERS.  | ection 617.0503, Florida Statutes  oct and tile if applicable (NO  AND DIRECTORS                               | E. Registered Agent signature requires 13.  | avad when remshiring)  | DATE<br>FIGERS AND DIRECTORS IN 12  |
| or register familiar with IGNATURE.  2. TLE AME TREET ADDRESS  | sgrature, typed or printed name of registered at OFFICERS A  | ection 617.0503, Florida Statutes gird and tile if appurable (INC AND DIRECTORS  DELETE                        | 13. 1.1 TILLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP   | avad when remshiring)  | DATE FICERS AND DIRECTORS IN 12 Change Addition   |
| or register familiar with familiar with signature of the  | sgrature, typed or printed name of registered at OFFICERS.  PD BUCK, GEOFFREY P. 3330 NW 69 CT. FT LAUDERDALE, FL 00000  | ection 617.0503, Florida Statutes gest and tile if appurable (INC AND DIRECTORS                                | 13. 1.1 TILE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY- ST-ZIP 2.1 TILE  | avad when remshiring)  | DATE FICERS AND DIRECTORS IN 12 Change Addition   |
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SIGNATURE AND T PED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: \_ Daytime Priorie # CR2E037 (12/95)