


FILE NOW: FILING FEE IS \$61.25

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**Feb 23 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mosley Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734845 (1)

1. Corporation Name
GOOD NEWS BAPTIST CHURCH OF ORLANDO, INC.



Principal Place of Business 4900 DONOVAN STREET ORLANDO FL 32808	Mailing Address 4900 DONOVAN STREET ORLANDO FL 32808
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3. Date Incorporated or Qualified 01/26/1976	Applied For <input type="checkbox"/>
4. FEI Number 59-1883728	Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

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	

9. Name and Address of Current Registered Agent

**FINLEY, JAMES
4900 DONOVAN ST
ORLANDO FL 32808**

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE ST	DELETE <input type="checkbox"/>
NAME BRIMER, SUSIE	
STREET ADDRESS 1601 STARFIRE LANE	
CITY-ST-ZIP OC0EE FL	
TITLE P	DELETE <input type="checkbox"/>
NAME FINLEY, JAMES	
STREET ADDRESS 4900 DONOVAN ST	
CITY-ST-ZIP ORLANDO FL	
TITLE D	DELETE <input type="checkbox"/>
NAME BISHOP, GLEN	
STREET ADDRESS 424 MINNEHAHA	
CITY-ST-ZIP CLERMONT .F	
TITLE D	DELETE <input type="checkbox"/>
NAME ASTER, GARY	
STREET ADDRESS 16421 SHIRLEY SHORES RD	
CITY-ST-ZIP TAVARES FL	
TITLE D	DELETE <input type="checkbox"/>
NAME BACON, LARRY	
STREET ADDRESS 5320 GREENVELVET CT	
CITY-ST-ZIP ORLANDO FL	
TITLE D	DELETE <input type="checkbox"/>
NAME FINLEY, JIMMY R.	
STREET ADDRESS 400 WITHERS COURT	
CITY-ST-ZIP OC0EE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	Change <input type="checkbox"/> Addition <input checked="" type="checkbox"/>
1.2 NAME Trustee, Calvin Cadde	
1.3 STREET ADDRESS 1717 CLARCONA-0000E RD	
1.4 CITY-ST-ZIP OC0EE FL 34761	
2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
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 *James W. Finley - Pres* 2-16-98 407-295-5874

CP2E037 (10/97)