

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 08, 2000 8:00 am
Secretary of State

03-08-2000 90065 012 ****61.25

DOCUMENT # 734845

1. Entity Name

GOOD NEWS BAPTIST CHURCH OF ORLANDO, INC.

Principal Place of Business

Mailing Address

4900 DONOVAN STREET .
 ORLANDO FL 32808

4900 DONOVAN STREET .
 ORLANDO FL 32808-2616

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

59-1883728

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

00004000



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FINLEY, JAMES
4900 DONOVAN ST
ORLANDO FL 32808

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.

SIGNATURE

James W. FINLEY *James W. Finley*

3/5/00

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE	Ed Cadle - Trustee	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS	1717 Clarcona Ocoee rd	
CITY-ST-ZIP	Ocoee, FL 34761	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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:

SUSIE BRIMER

3/5/00 407-656-8426

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)