

02-05-2003 90130 012 \*\*\*\*61.25

**2003 NOT-FOR-PROFIT CORPORATION  
 UNIFORM BUSINESS REPORT (UBR)**

2/

00012066

**DOCUMENT # 734845**

1. Entity 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**

2. Principal Place of Business  
*Same*

3. Mailing Address  
*Same*

City & State  
 City & State

4. FEI Number **59-1883728** Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent  
**FINLEY, JAMES  
 4900 DONOVAN ST  
 ORLANDO FL 32808**

7. Name and Address of New Registered Agent  
 Name **Bacon, Larry**  
 Street Address (P.O. Box Number is Not Acceptable)  
**5320 Greenvelvet Ct**  
 City **Orlando FL** Zip Code **32808**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **LARRY BACON** *Larry Bacon* **2-2-03**  
 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 Florida Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>BT</b> <b>BRIMER, SUSIE</b> <b>1601 STARFIRE LANE</b> <b>OC0EE FL</b> <i>Treasurer</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Charlie S. Hiers</b> <b>4827 Vaughn Ave</b> <b>Orlando FL 32806</b> <i>Trustee</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>FINLEY, JAMES</b> <b>4900 DONOVAN ST</b> <b>ORLANDO FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Glen Brimer</b> <b>1601 Starfire Lane</b> <b>OC0EE FL</b> <i>Trustee</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>CADLE, CALVIN</b> <b>1717 CLARCONA-OC0EE RD</b> <b>OC0EE FL 34781</b> <i>Trustee</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Carolyn C Hiers</b> <b>4827 Vaughn Ave</b> <b>Orlando FL</b> <i>Secretary</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D</b> <b>LASTER GARY</b> <b>16421 SHIRLEY SHORES RD</b> <b>TAVARES FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>D</b> <b>BACON, LARRY</b> <b>5320 GREENVELVET CT</b> <b>ORLANDO FL</b> <i>Deacon</i>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Delete <b>D</b> <b>FINLEY, JIMMY B</b> <b>400 WITHERS COURT</b> <b>OC0EE FL</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **Carolyn Hiers** *Carolyn Hiers* **Secretary** **2-3-03** **407-857-7192**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/02)