

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northam  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

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DOCUMENT # **740081** (5)

1. Corporation Name  
**THE GOOD NEWS BAPTIST CHURCH, INC. OF WINTER HAVEN, FLORIDA**

Principal Place of Business Mailing Address  
**1920 FORTIETH STREET NW WINTER HAVEN FL 33890** **1920 FORTIETH STREET NW WINTER HAVEN FL 33881 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>09/08/1977</b>	3a. Date of Last Report <b>07/14/1994</b>
4. FEI Number <b>59-1859719</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**RHODES, ROBERT  
1408 36TH STREET, N.W.  
WINTER HAVEN FL 33881**

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RHODES, ROBERT</b>	1.2 NAME	
STREET ADDRESS	<b>1408 36TH ST., NW</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	1.4 CITY - ST - ZIP	
TITLE	<b>DT</b>	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIXON, JACKIE</b>	2.2 NAME	
STREET ADDRESS	<b>4040 AVE. "O", NW</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	2.4 CITY - ST - ZIP	
TITLE	<b>VP</b>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DORMAN, ELLEN</b>	3.2 NAME	
STREET ADDRESS	<b>3823 AVENUE R, NW</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	3.4 CITY - ST - ZIP	
TITLE	<b>S</b>	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DANN, MONIQUE</b>	4.2 NAME	
STREET ADDRESS	<b>2932 HICKORY ST. NW</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	4.4 CITY - ST - ZIP	
TITLE	<b>D</b>	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WELCH, JUANITA</b>	5.2 NAME	
STREET ADDRESS	<b>3812 AVE "S", NW</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	5.4 CITY - ST - ZIP	
TITLE	<b>D</b>	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LONG, LOLA M.</b>	6.2 NAME	
STREET ADDRESS	<b>2002 34TH ST NW</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>WINTER HAVEN FL</b>	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(4), 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; that I have received or intend to receive compensation to execute the report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an individual with an address.

SIGNATURE: *Monique G. Dann* **MONIQUE G. DANN** 3/16/95 03-661-1085  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Expiration Date