

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham 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 1920 FORTIETH STREET NW WINTER HAVEN FL 33880	Mailing Address 1920 FORTIETH STREET NW WINTER HAVEN FL 33881 US
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3. Date Incorporated or Qualified 09/08/1977	3a. Date of Last Report 03/27/1995
4. FEI Number 59-1859719	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input 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. Country
24. Country	29. Zip
25. Country	30. Zip

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RHODES, ROBERT		1.2 NAME	
STREET ADDRESS 1408 36TH ST., NW		1.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		1.4 CITY-ST-ZIP	
TITLE DT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DIXON, JACKIE		2.2 NAME	
STREET ADDRESS 4040 AVE. "O", NW		2.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		2.4 CITY-ST-ZIP	
TITLE VP	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DORMAN, ELLEN		3.2 NAME	
STREET ADDRESS 3823 AVENUE R, NW		3.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		3.4 CITY-ST-ZIP	
TITLE S	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DANN, MONIQUE	<i>Name Change (married)</i>	4.2 NAME -	Desrochers, Monique
STREET ADDRESS 2932 HICKORY ST. NW		4.3 STREET ADDRESS	1910 40th St. NW
CITY-ST-ZIP WINTER HAVEN FL		4.4 CITY-ST-ZIP	Winter Haven, FL 33881
TITLE D	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WELCH, JUANITA		5.2 NAME	
STREET ADDRESS 3612 AVE "S", NW		5.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		5.4 CITY-ST-ZIP	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LONG, LOLA M.		6.2 NAME	
STREET ADDRESS 2002 34TH ST NW		6.3 STREET ADDRESS	
CITY-ST-ZIP WINTER HAVEN FL		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)(k), 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: *Robert Rhodes* **Robert Rhodes** 10-96 941-467-2063
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)