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Feb 04 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		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 33881-3602 US
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3. Date Incorporated or Qualified 09/08/1977	3a. Date of Last Report 07/18/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 59-1859719	Applied For 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 checked="" type="checkbox"/> No	

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 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	P <input type="checkbox"/> DELETE
NAME	RHODES, ROBERT
STREET ADDRESS	1408 36TH ST., NW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	DT <input type="checkbox"/> DELETE
NAME	DIXON, JACKIE
STREET ADDRESS	4040 AVE. "O", NW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	VP <input type="checkbox"/> DELETE
NAME	DORMAN, ELLEN
STREET ADDRESS	3823 AVENUE R, NW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	S <input type="checkbox"/> DELETE
NAME	DESROCHERS, MONIQUE
STREET ADDRESS	1910 40TH ST NW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	WELCH, JUANITA
STREET ADDRESS	3612 AVE "S", NW
CITY-ST-ZIP	WINTER HAVEN FL
TITLE	D <input type="checkbox"/> DELETE
NAME	LONG, LOLA M.
STREET ADDRESS	2002 34TH ST NW
CITY-ST-ZIP	WINTER HAVEN FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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: *Robert Rhodes* **REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)