

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 24 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> 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 <b>1820 FORTIETH STREET NW WINTER HAVEN FL 33880</b>	Mailing Address <b>1820 FORTIETH STREET NW WINTER HAVEN FL 33881 US</b>
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3. Date Incorporated or Qualified  
**09/08/1977**

4. FEI Number <b>59-1859719</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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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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5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent  
**RHODES, ROBERT  
 1408 38TH STREET, N.W.  
 WINTER HAVEN FL 33881**

10. Name and Address of New Registered Agent

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

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 Robert Rhodes  
Signature, typed or printed name of registered agent and like if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>RHODES, ROBERT</b>
STREET ADDRESS	<b>1408 38TH ST., NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>DT</b> <input type="checkbox"/> DELETE
NAME	<b>DIXON, JACKIE</b>
STREET ADDRESS	<b>4040 AVE. 'O', NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<del>DP</del> <input checked="" type="checkbox"/> DELETE
NAME	<del><b>DORRAN, ELLEN</b></del>
STREET ADDRESS	<del><b>3823 AVENUE R, NW</b></del>
CITY-ST-ZIP	<del><b>WINTER HAVEN FL</b></del>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>DESROCHERS, MONIQUE</b>
STREET ADDRESS	<b>1810 40TH ST NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>WELCH, JUANITA</b>
STREET ADDRESS	<b>3612 AVE 'S', NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LONG, LOLA M.</b>
STREET ADDRESS	<b>2002 34TH ST NW</b>
CITY-ST-ZIP	<b>WINTER HAVEN FL</b>

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>John Welch</b>
3.3 STREET ADDRESS	<b>3612 Ave. S, NW</b>
3.4 CITY-ST-ZIP	<b>Winter Haven, FL 33881</b>
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 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  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Filing Fee \$

CR2E037 (10/97)