

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 740081

1. Entity Name

THE GOOD NEWS BAPTIST CHURCH, INC. OF WINTER HAV

FILED
Mar 28, 2000 8:00 am
Secretary of State

03-28-2000 90064 010 ****61.25

Principal Place of Business

1920 FORTIETH STREET NW
WINTER HAVEN FL 33880

Mailing Address

1920 FORTIETH STREET NW
WINTER HAVEN FL 33881-3602
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1859719

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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 checked="" type="checkbox"/> Delete
NAME	WELCH, JOHN	
STREET ADDRESS	3612 AVE S NW	
CITY-ST-ZIP	WINTER HAVEN FL 33881	
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	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WILLARD "BOOTS" DIXON	
STREET ADDRESS	4040 AVE O NW	
CITY-ST-ZIP	WINTER HAVEN, FL 33881	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-00

967-0063

CR2E037 (9/99)