

# 2000 UNIFORM BUSINESS REPORT (UBR)

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

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

**DOCUMENT # 740081**

1. Entity Name

**THE GOOD NEWS BAPTIST CHURCH, INC. OF WINTER HAV**

Principal Place of Business

Mailing Address

1920 FORTIETH STREET NW  
 WINTER HAVEN FL 33880

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

4. FEI Number

**59-1859719**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$8.75** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

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

*Robert Rhodes*

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	<b>P</b>	<input type="checkbox"/> Delete
NAME	<b>RHODES, ROBERT</b>	
STREET ADDRESS	<b>1408 36TH 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	<b>VP</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WELCH, JOHN</b>	
STREET ADDRESS	<b>3612 AVE S NW</b>	
CITY-ST-ZIP	<b>WINTER HAVEN FL 33881</b>	
TITLE	<b>S</b>	<input type="checkbox"/> Delete
NAME	<b>DESROCHERS, MONIQUE</b>	
STREET ADDRESS	<b>1910 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>	

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

*Robert Rhodes*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**3-24-00**

**967-0063**

Date

Daytime Phone #

CR2E037 (9/99)