

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 765708

1. Entity Name

GOOD NEWS LITTLE RIVER BAPTIST CHURCH, INC.

Principal Place of Business

Mailing Address

495 N.W. 77TH STREET
MIAMI FL 33150

495 N.W. 77TH STREET
MIAMI FL 33150-2861

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

59-0794394

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

JUDSON, CLYDE W., JR.
20210 NE 10TH AVE
MIAMI FL 33168

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	JUDSON, CLYDE W., SR.	
STREET ADDRESS	6444 N.W. 8TH AVE.	
CITY-ST-ZIP	MIAMI FL	
TITLE	CD	<input type="checkbox"/> Delete
NAME	JUDSON, CLYDE W JR	
STREET ADDRESS	20210 NE 10TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> Delete
NAME	GARDNER, GENEVA	
STREET ADDRESS	1848 NW 93RD ST	
CITY-ST-ZIP	MIAMI FL 33147	
TITLE	D	<input type="checkbox"/> Delete
NAME	JUDSON, EMMA	
STREET ADDRESS	20210 NE 10TH AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	O	<input type="checkbox"/> Delete
NAME	PHILLIP, JACK	
STREET ADDRESS	5206 SW 20TH ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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 all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Apr 18, 2000 8:00 am
Secretary of State

04-18-2000 90200 006 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (9/99)