## 2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

## FILED

)	Jun 12, 2006 8:00 am
N	Secretary of State
	06-12-2006 90002 016 ****61.25

**DOCUMENT #765708** GOOD NEWS LITTLE RIVER BAPTIST CHURCH, INC. 40095235 Principal Place of Business Mailing Address 495 N.W. 77TH STREET 495 N.W. 77TH STREET MIAMI, FL 33150 MIAMI, FL 33150 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 06072006 . A. Chg-NP CR2E037 (4/06) 4. FEI Number 59-0794394 Applied For City & State City & State Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name JUDSON, CLYDE W., JR. 20210 NE 10TH AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI, FL 33168 City Zip Code FL 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered egent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to 9. Election Campaign Financing Filing Fee is \$61.25 \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 6, 2006 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. OFFICERS AND DIRECTORS 11. Р TITLE TITLE ☐ Change ☐ Addition Deleta Pastor- CD JUDSON, CLYDE W., SR. NAME NAME Clyde W. Judson, Jr. 6444 N.W.8TH AVE. STREET ADDRESS STREET ADDRESS 20210 NE 10th Avenue Miami, Florida 33168 CITY-ST-ZIP MIAMI, FL CITY-ST-7IP Florida <u>Miami, Fl</u> Secretary CD TITLE Delete TITLE ☐ Change **XX**Addition Mary Guerrier 1800 N.W. 133rd Street JUDSON, CLYDE W JR NAME NAME 20210 NE 10TH AVE STREET ADDRESS STREET ADDRESS Miami, FLorida 33167 CITY-ST-ZIP MIAMI, FL CITY-ST-ZIP Addition ☐ Delete TITLE ∼ ि Change TITLE GARDNER, GENEVA NAME NAME 1848 NW 93RD ST STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33147 CITY-ST-ZIP TITLE Delete ☐ Change ☐ Addition TITLE JUDSON, EMMA NAME NAME STREET ADDRESS 20210 NE 10TH AVE STREET ADDRESS CITY-ST-7IP MIAMI, FL CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE PHILLIP, JACK NAME NAMF. STREET ADDRESS 5206 SW 20TH ST STREET ADDRESS CITY-ST-ZIP HOLLYWOOD, FL CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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

SIGNATURE: