NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 09, 2003 8:00 am
Secretary of State
05-23-2003 90150 004 ****75.00

DOCUMENT # N02000005866

1. Entity Name
Good Fight Ministries

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44003596

2. Principal Place of Business	3. Mailing Address
1540-2 Monument Rd	10560 Beverly Nalk Rd
Suite, Apt. #, etc.: Suite 2	Suite, Apt. #, etc.
City & State: Jacksonville, Florida	City & State: Jacksonville, Florida
Zip: 32225 Country: United State	Zip: 32225 Country: United States

DO NOT WRITE IN THIS SPACE

4. FEI Number: 76-0709329 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ $8.75 Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: Angel Casiano

Street Address (P.O. Box Number is Not Acceptable): 10560 Beverly Nalk Rd.

City: Jacksonville FL Zip Code: 32225

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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FEE IS $61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. ☑ $5.00 May Be Added to Fees

Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE	President
NAME	Angel Casiano (T)
STREET ADDRESS	10560 Beverly Nalk Rd. (T)
CITY-ST-ZIP	Jacksonville, FL 32225
TITLE	Vice President/ Finances
NAME	Ivette Gonzalez (T)
STREET ADDRESS	2040 Leon Rd. (T)
CITY-ST-ZIP	Jacksonville, FL 32246 (T)
TITLE	Secretary
NAME	Efrem Gonzalez (T)
STREET ADDRESS	2040 Leon Rd (T)
CITY-ST-ZIP	Jacksonville FL 32246 (T)
TITLE	Legal Advisor/ Public Relations
NAME	Dennis Owen (T)
STREET ADDRESS	8815 Hampton Landing Dr. E (T)
CITY-ST-ZIP	Jacksonville, FL 32256
TITLE	Ministry of Help
NAME	Frank Suau (T)
STREET ADDRESS	1665 Trotters Bend Trail (T)
CITY-ST-ZIP	Jacksonville, Florida 32225
TITLE	
NAME	
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CR2E037B (12/02)

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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ 5/21/03 904-998-1826
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #