

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N03000009706

FILED
Jul 02, 2007
Secretary of State

Entity Name: GOOD NEWS MINISTRIES OF MIAMI, INC.

Current Principal Place of Business:

650 NE 58TH ST
MIAMI, FL 33137

New Principal Place of Business:

Current Mailing Address:

650 NE 58TH ST
MIAMI, FL 33137

New Mailing Address:

FEI Number: 20-0372214 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

MCMILLAN, JANE W
ONE SOUTHEAST THIRD AVENUE, #1750
MIAMI, FL 33131 US

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: DUBOSE, PIERRE W JR.
Address: 650 NE 58TH ST
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: DUBOSE, ROSELIS
Address: 650 NE 58TH ST
City-St-Zip: MIAMI, FL 33137

Title: D () Delete
Name: MOTTA, CLAUDIO
Address: 1123 NE 182 ST
City-St-Zip: N MIAMI BCH, FL 33162

Title: D () Delete
Name: ALBUQUERQUE, FERNANDO
Address: 437 NE 29 ST #203
City-St-Zip: MIAMI, FL 33137 23

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAUDIO MOTTA

D

07/02/2007

Electronic Signature of Signing Officer or Director

Date