

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000005208

FILED
Apr 22, 2009
Secretary of State

Entity Name: GOOD NEWS FELLOWSHIP CENTER, INC

Current Principal Place of Business:

1131 SW 39TH AVENUE
FORT LAUDERDALE, FL 33312

New Principal Place of Business:

Current Mailing Address:

1131 SW 39TH AVENUE
FORT LAUDERDALE, FL 33312

New Mailing Address:

FEI Number: 30-0485689

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BROWN, SEBRINA
1131 SW 39TH AVENUE
FORT LAUDERDALE, FL 33312 US

Name and Address of New Registered Agent:

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: P () Delete
Name: BROWN, KEVIN W
Address: 1131 SW 39TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: VP,S () Delete
Name: BROWN, SEBRINA B
Address: 1131 SW 39TH AVENUE
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: T () Delete
Name: ROBERTS, ANDRAE R
Address: 1448 AVON LANE 811
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: ROBERTS, KYRIAKI K
Address: 1448 AVON LANE 811
City-St-Zip: NORTH LAUDERDALE, FL 33068

Title: D () Delete
Name: FIGUEROA, GRACE
Address: 5541 SW 24TH AVE
City-St-Zip: FORT LAUDERDALE FLORIDA, FL 33312

Title: D () Delete
Name: THOMAS, THIA R
Address: 4270 NW 89TH AVE. APT 105
City-St-Zip: CORAL SPRINGS, FL 33065

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
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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: KEVIN W BROWN

PRES

04/22/2009

Electronic Signature of Signing Officer or Director

Date