

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000000982 (9)
1. Corporation Name

GOOD NEWS FAMILY OF GOD MINISTRIES, INC.



Principal Place of Business

Mailing Address

2750 NW 169 TERR.
OPA LOCKA FL 33056
US

15210 N.W. 32ND PLACE
OPA LOCKA FL 33054

3. Date Incorporated or Qualified
02/26/1993

3a. Date of Last Report
05/25/1995

2. Principal Place of Business

2a. Mailing Address

21 **2750 NW 169 Ter**

26

4. FEI Number

60-3516125

Applied For
Not Applicable

22 Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

23 **OPA Locka FL**

28

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

24 Zip

25 Country

29 Zip

30 Country

24 **33056**

25 **Dade**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRISTIE, OWEN G
15210 N.W. 32ND STREET
OPA LOCKA FL 33064**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
NAME **D CHRISTIE, OWEN G PASTOR**
STREET ADDRESS **15210 N.W. 32ND ST.**
CITY - ST - ZIP **OPA LOCKA FL**

1.1 TITLE Change Addition

TITLE DELETE
NAME **T CHRISTIE, URITT**
STREET ADDRESS **15210 N.W. 32ND ST.**
CITY - ST - ZIP **OPA LOCKA FL 33064**

1.2 NAME

TITLE DELETE
NAME **D DARRINGTON, DELORES**
STREET ADDRESS **337 S.W. 15TH ST.**
CITY - ST - ZIP **DANIA FL**

1.3 STREET ADDRESS

TITLE DELETE
NAME **BM HENRY, DEWIGHT**
STREET ADDRESS **16945 N.W. 28 AVE.**
CITY - ST - ZIP **OPA LOCKA FL**

1.4 CITY - ST - ZIP

TITLE DELETE

2.1 TITLE Change Addition

TITLE DELETE

2.2 NAME

TITLE DELETE

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Owen G Christie**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

February 8, 1996

Date

Daytime Phone #

CR2E037 (12/95)