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Apr 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morlham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000000982 (9)**

1. Corporation Name
GOOD NEWS FAMILY OF GOD MINISTRIES, INC.



Principal Place of Business 2750 NW 169 TERRACE OPA LOCKA FL 33056 US	Mailing Address 15210 N.W. 32ND PLACE OPA LOCKA FL 33054-2415
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/26/1993	3a. Date of Last Report 02/15/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 60-3516125	Applied For <input type="checkbox"/> Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent CHRISTIE, OWEN G 15210 N.W. 32ND STREET OPA LOCKA FL 33064		10. Name and Address of New Registered Agent	
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D	<input type="checkbox"/> DELETE CHRISTIE, OWEN G PASTOR 15210 N.W. 32ND ST. OPA LOCKA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE T	<input type="checkbox"/> DELETE CHRISTIE, URITT 15210 N.W. 32ND ST. OPA LOCKA FL 33064	2.1 TITLE D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS CHRISTIE, URITT 15210 N.W. 32ND PL. OPA LOCKA FL 33054	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE DARRINGTON, DELORES 337 S.W. 15TH ST. DANIA FL-	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE BM	<input type="checkbox"/> DELETE HENRY, DEWIGHT 16945 N.W. 28 AVE. OPA LOCKA FL	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE MC ALPIN, MAYNARD	5.1 TITLE D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS 6 Treadway Ct		5.3 STREET ADDRESS MC ALPIN, MAYNARD 6TREADWAY CT.	
CITY-ST-ZIP Brookville Md. 20833		5.4 CITY-ST-ZIP BROOKVILLE MD. 20833	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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 DATE: 2/18/97 (305) 688-8518
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0024924

CR2E037 (9/96)