

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N93000000982

1. Entity 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

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

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

TITLE D
NAME CHRISTIE, URITT
STREET ADDRESS 15210 N.W. 32ND ST.
CITY-ST-ZIP OPA LOCKA FL 33064 ☐ Delete

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

TITLE D
NAME MC ALPIN, MAYNARD
STREET ADDRESS 6 TREADWAY CT.
CITY-ST-ZIP BROOKVILLE MD 20833 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
Mar 05, 2001 8:00 am
Secretary of State

03-05-2001 90002 005 ****61.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)