2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 01, 2004
Secretary of State

DOCUMENT# N93000000982

Entity Name: GOOD NEWS FAMILY OF GOD MINISTRIES, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 60-3516125 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHRISTIE, OWEN G
15210 N.W. 32ND STREET
OPA LOCKA, FL 33064 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: D ( ) Delete
Name: CHRISTIE, OWEN G PASTOR
Address: 15210 N.W. 32ND ST.
City-St-Zip: OPA LOCKA, FL

Title: D ( ) Delete
Name: CHRISTIE, URITT
Address: 15210 N.W. 32ND ST.
City-St-Zip: OPA LOCKA, FL 33064

Title: BM ( ) Delete
Name: HENRY, DEWIGHT
Address: 16945 N.W. 28 AVE.
City-St-Zip: OPA LOCKA, FL

Title: D ( ) Delete
Name: MC ALPIN, MAYNARD
Address: 6 TREADWAY CT.
City-St-Zip: BROOKVILE, MD 20833

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 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 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: OWEN G CHRISTIE D 04/01/2004

Electronic Signature of Signing Officer or Director Date