

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000982

FILED  
Apr 26, 2005  
Secretary of State

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: BROOKVILLE, 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: URITT CHRISTIE

D

04/26/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date