

# 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000982

FILED  
Apr 27, 2007  
Secretary of State

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

**Current Principal Place of Business:**

3902 NW 167 ST  
OPA LOCKA, FL 33054 US

**New Principal Place of Business:**

**Current Mailing Address:**

18331 NW 7TH AVE  
MIAMI, FL 33169

**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:**

RUSSELL, DELROY  
18331 NW 7TH AVE  
MIAMI, FL 33169 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: P/D ( ) Delete  
Name: RUSSELL, DELROY PASTOR  
Address: 18331 NW 7 TH AVE  
City-St-Zip: MIAMI, FL 33169

Title: C ( ) Delete  
Name: HENRY, DWIGHT  
Address: 2040 NE 170 ST  
City-St-Zip: N. MIAMI BEACH, FL 33162

Title: BM ( ) Delete  
Name: COWARD, HERMA  
Address: 830 SUPERIOR ST  
City-St-Zip: OPA -LOCKA, FL 33054

Title: BM ( ) Delete  
Name: COOPER, PATSY  
Address: 1035 SHARAR AVE  
City-St-Zip: OPA-LOCKA, FL 33054

**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 exemption stated in Chapter 119, 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: DR

P/D

04/27/2007

Electronic Signature of Signing Officer or Director

Date