

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N93000000982

FILED
Jan 19, 2009
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:

649 NW 183 ST
MIAMI, FL 33169 DA

New Mailing Address:

649 NW 183 STREET
MIAMI, FL 33169

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
649 NW 183 STREET
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: 649 NW 183 STREET
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 (X) 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: C (X) Change () Addition
Name: COWARD,, HERMA
Address: 830 SUPERIOR ST
City-St-Zip: OPA LOCKA, FL 33054

Title: C (X) Change () Addition
Name: COOPER, PATSY
Address: 1035 SHAR AVE
City-St-Zip: OPA LOCKA, FL 33054

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

Electronic Signature of Signing Officer or Director

VP

01/19/2009

Date