

2005 NOT-FOR-PROFIT CORPORATION
2006 ANNUAL REPORT (AR)

FILED
Jul 12, 2006 8:00 am
Secretary of State

07-12-2006 90003 008 ****61.25

DOCUMENT # N93000002329

1. Entity Name

GOODWILL PRESBYTERIAN CHURCH, INC.



Principal Place of Business

606 N. 29TH STREET
 FORT PIERCE FL 34947

Mailing Address

P.O. BOX 1537
 FT. PIERCE FL 34954

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country



1st MOORE

CR2E037 (10/04)

4. FEI Number

NO-T APPLICABLE

Applied For

☒ Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

COLLINS, MELVINA
 1609 N 23RD ST
 FORT PIERCE FL 34950

Name

COLLINS, MELVINA

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

L 1609 N. 23rd Street

FT. PIERCE

FL

34950

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. I am familiar with, and accept the obligations of registered agent.

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

Due By May 1, 2005

05-01-06

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
 Florida Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

NAME D COLLINS, MELVINA 1609 N 23RD ST FORT PIERCE FL 34950	<input checked="" type="checkbox"/> Delete	TITLE D WILLIAMS, MARIAN 2101 JUANITA AVE. FT. PIERCE, FL 34946	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T JOHNSON, CURTIS 1501 N. 21ST STREET FORT PIERCE FL 34950	<input type="checkbox"/> Delete	TITLE D MINUS, BENJAMIN 3901 AVENUE S FT. PIERCE, FL 34947	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME T CLARK, WILLIE MAE 912 N. 21ST STREET FORT PIERCE FL 34950	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T ALSUP, JOHNNY 2661 SE ERICKSON DR PORT SAINT LUCIE FL 34984	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME T CLARK, EILEEN 1812 AVE. M. FORT PIERCE FL 34950	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME 	<input type="checkbox"/> Delete	TITLE 	<input type="checkbox"/> Change <input type="checkbox"/> 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: Melvina Collins - Melvina Collins

02/01/05

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

17771466 9570