FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
219987

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
07 MAR 29 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N93000002329 (1)

1. Corporation 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

3. Date Incorporated or Qualified: 05/19/1993
3a. Date of Last Report: 03/30/1995

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-1413178 — ☐ Applied For ☒ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WILLIAMS, MARIAN
2101 JUANITA AVE.
FORT PIERCE FL 34946

10. Name and Address of New Registered Agent

81 Name: COLLINS, MELVINA
82 Street Address (P.O. Box Number is Not Acceptable): 1609 N 23rd STREET
83
84 City: FT. PIERCE FL
85 Zip Code: 34950

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered o[ffice] or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE ____________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	D	☒ DELETE
NAME	WILLIAMS, MARIAN	
STREET ADDRESS	2101 JUANITA AVE.	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	T	☐ DELETE
NAME	JOHNSON, CURTIS	
STREET ADDRESS	1501 N. 21ST STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	T	☐ DELETE
NAME	CLARK, WILLIE MAE	
STREET ADDRESS	912 N. 21ST STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	D	☐ DELETE
NAME	GALLMAN, JACOB	
STREET ADDRESS	2200 JUANITA AVE	
CITY-ST-ZIP	FORT PIERCE FL 34946	
TITLE	D	☐ DELETE
NAME	LITTLE, ANNIE	
STREET ADDRESS	1402 N. 29TH STREET	
CITY-ST-ZIP	FORT PIERCE FL 34950	
TITLE	T	☐ DELETE
NAME	CLARK, EILEEN	
STREET ADDRESS	1812 AVE. M.	
CITY-ST-ZIP	FORT PIERCE FL 34950	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME	800095999478	
1.3 STREET ADDRESS	04/06/07--01042--004 **61.25	
1.4 CITY-ST-ZIP		
2.1 TITLE	B 4/3	☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	☒ Change ☐ Addition
4.2 NAME	Minus, Benjamin	
4.3 STREET ADDRESS	3901 Avenue S	
4.4 CITY-ST-ZIP	Ft. Pierce, FL 34947	
5.1 TITLE	D	☒ Change ☐ Addition
5.2 NAME	Alsup, Johnny	
5.3 STREET ADDRESS	2661 SE Erickson Dr.	
5.4 CITY-ST-ZIP	Pt. St. Lucie, Fl 34984	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

Melvina Collins / Melvina Collins 03/27/07 (772)466-9570