


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

01-24-2008 90026 033 ***61.00
N93000002329

DOCUMENT # N93000002329		
1. Entity Name GOODWILL PRESBYTERIAN CHURCH, INC.		

FILED

08 FEB -1 PM 4: 03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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 - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

01152008 Chg-NP CR2E037 (12/06)

4. FEI Number NOT 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 STREET FORT PIERCE, FL 34950		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$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	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, CURTIS	NAME	
STREET ADDRESS	1501 N. 21ST STREET	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34950	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CLARK, WILLIE MAE	NAME	Melvina Collins
STREET ADDRESS	812 N. 21ST STREET	STREET ADDRESS	1609 N 23rd St.
CITY-ST-ZIP	FORT PIERCE, FL 34950	CITY-ST-ZIP	Ft. Pierce, FL 34950
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSUP, JOHNNY	NAME	
STREET ADDRESS	2661 SE ERICKSON DR	STREET ADDRESS	
CITY-ST-ZIP	PORT SAINT LUCIE, FL 34984	CITY-ST-ZIP	
TITLE	T	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CLARK, EILEEN	NAME	
STREET ADDRESS	1812 AVE. M.	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34950	CITY-ST-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MINUS, BENJAMIN	NAME	
STREET ADDRESS	3901 AVENUE S	STREET ADDRESS	
CITY-ST-ZIP	FORT PIERCE, FL 34947	CITY-ST-ZIP	
TITLE		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 Date: 01-22-08 (772) 466-9570