FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

POCUMENT #Corporation Name N9400002960 (2)

GOOD NEWS PRAISE AND WORSHIP CENTER AND MINISTRIES. INC.

FILED Mar 19 1998 8:00am Secretary of State

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	,				ANA NANA MAKAMBANA SAKA
Principal Place of Business Mailing Address				T CORECTOR DIO ESCAL GUDII DELLE DOLLE DOLLE DELLE DOLLE DELLE DELLE DOLLE DELLE DEL	7419 11019 10119 BIHI BEHI 1 001
7513 NW 22ND AVE.		3040 NW 71 STREET		3. Date Incorporated or Qualified	
MIAMI FL 33147	1	MIAMI FL 33147		06/10/1994	
		US		4. FEI Number	Applied For
				65-0504887	Not Applicable
	lace of Business	2a. Mailing Address	. ~/ .1	5. Certificate of Status Desired	\$8.75 Additional
21			W. 7/ st.	C. Commodio di Status Dosiroti	Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22 City & State		City & State		Trust Fund Contribution	Added to Fees
23	y	h-1	۲I	7. Is this nonprofit corporation a homeowne	rs association? No
Zip	Country	28 // a M	Country	8. This corporation owes or has paid the cu	
24	25	20 33147 3	_ ~ `		Yes DNo
	9. Name and Address of Current			10. Name and Address of New Registered	
81 Name					
YEARBY, WILLIE M			82 Street A	ddress (P.O. Box Number is Not Acceptable)	· . · · · · · · · · · · · · · · ·
3040 NW 71ST ST. MAMI FL 33147			63		
MIAMIFL	. 33147		63		
			84 City	FL	85 Zip Code
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 office 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.					
agent. I a	egistered agent, or both, in the State i m familiar with, and accept the obliga	of Florida. Such change was autitions of, Section 617.0503, Flori	morized by the corpo ida Statutes.	oration's board of directors. I hereby accept the app	contment as registered
SIGNATURE					
12.	Signature, typed or printed name of registered ager		Registered Agent signature r		A AIRPAYABA III JA
TOLE	OFFICERS AND	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND	Change Addition
NAME	YEARBY, WILLIE M		1.1 TITLE		CT CHAIGE CT MODITION
STREET ADDRESS	3040 NW 71ST ST.		1.2 NAME		
CITY-ST-ZIP	MIAMI FL 33147		1.3 STREET ADDRESS		
TITLE	DV	DELETE	1.4 CITY-ST-ZIP	751/	Change Addition
NAME	MARTIN. HELEN M	C. Destrie	22 NAME	Martin Helen M 5550 Washington St. Ap Hollywood Fl 33011	The state of the s
STREET ADDRESS	2222 FILMORE ST.		2.3 STREET ADDRESS	maring wild shington St. Apr	1,109
CITY-ST-ZIP	HOLLYWOOD FL 33020		2.4 CITY-ST-ZIP	Hallywood Fl 33011	
TITLE	DS	DELETE	3.1 TITLE	11011	Change Addition
NAME	MARTIN, JAMES		3.2 NAME		,
STREET ADDRESS	2741 NW 173RD TERRACE		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33055		3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
HAME	r.		4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE	· · · · · · · · · · · · · · · · · · ·	☐ Change ☐ Addition
NAME			5.2 NAME		
CTREET ANNOESS			6 9 CTDCCT ANDDCCC		

14. 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 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

DELETE

Willie Mac Yearby Maralo 1998

Change

Addition