

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N95000000400

FILED
Mar 03, 2005
Secretary of State

Entity Name: GOOD NEWS MISSIONARY BAPTIST CHURCH INC.

Current Principal Place of Business:

734 ORANGE AVENUE
FT PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

734 ORANGE AVENUE
FT PIERCE, FL 34950 US

New Mailing Address:

FEI Number: 65-0560134 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

SHAW, HARRY J
402 N 30TH STREET
FT PIERCE, FL 34947 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 () Delete
Name: SHAW, HARRY J
Address: 402 N 30TH ST
City-St-Zip: FT. PIERCE, FL 34947 US

Title: T () Delete
Name: SHAW, BULAH
Address: 402 NORTH 30TH STREET
City-St-Zip: FT. PIERCE, FL 34947 US

Title: T () Delete
Name: PETERSON, THELMA
Address: 2702 JUANITA AVENUE
City-St-Zip: FORT PIERCE, FL 34946 US

Title: T () Delete
Name: PETERSON, WILLIE
Address: 2702 JUANITA AVENUE
City-St-Zip: FORT PIERCE, FL 34946 US

Title: T () Delete
Name: GILCHRIST, ESTELLA
Address: 1605 BOSTON AVE
City-St-Zip: FORT PIERCE, FL 34950 US

Title: S () Delete
Name: MCKENZIE, ANTHONY
Address: 514 N. 21ST STREET
City-St-Zip: FORT PIERCE, FL 34950 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: HARRY J. SHAW

P

03/03/2005

Electronic Signature of Signing Officer or Director

Date