2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 26, 2009
Secretary of State

DOCUMENT# N07000003827

Entity Name: GOOD NEWS ASSEMBLY OF GOD, INCORPORATED

Current Principal Place of Business:

2028 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327

New Principal Place of Business:

Current Mailing Address:

2028 BLOXHAM CUTOFF
CRAWFORDVILLE, FL 32327

New Mailing Address:

FEI Number: 20-4367830 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FIELDER, GERALD
6 BRIDLEGATE CT.
CRAWFORDVILLE, FL 32327 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: D ( ) Delete
Name: THOMPSON, BOBBY
Address: 4792 HWY. 90
City-St-Zip: MARIANNA, FL 32446

Title: D ( ) Delete
Name: MCFALL, JEFF
Address: 4647 CRAWFORDVILLE HWY.
City-St-Zip: CRAWFORDVILLE, FL 32326

Title: P ( ) Delete
Name: FIELDER, GERALD
Address: 6 BRIDLEGATE CT.
City-St-Zip: CRAWFORD, FL 32327

Title: T ( ) Delete
Name: BLOSE, CHERYL
Address: 22 BRIDLEGATE DR.
City-St-Zip: CRAWFORDVILLE, FL 32327

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:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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: CHERYL BLOSE T 04/26/2009
Electronic Signature of Signing Officer or Director — Date