2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 08, 2000 8:00 am
Secretary of State
02-08-2000 90035 036 ****61.25

DOCUMENT # N42244

1. Entity Name

GOOD NEWS PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
790 CHRISTINA DR. ST AUGUSTINE FL 32086 US	P. O. BOX 4069 ST AUGUSTINE FL 32085-4069 US

1357 Wildwood DR

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	1357 Wildwood DR Suite, Apt. #, etc.
ST Augustine, FL City & State	ST Augustine, FL City & State
Zip 32086 Country USA	Zip 32086 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3058664 ☐ 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
STURGIS, KAREN 5235 AVENUE B ST AUGUSTINE FL 32095	Name B.C. Moore Street Address (P.O. Box Number is Not Acceptable) 3840 Coastal Hwy City ST Augustine FL Zip Code 32095

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.

SIGNATURE B.C. Moore B.C. Moore 1/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	**Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MASTERS, STEPHEN 3 FRANCISCAN WAY ST AUGUSTINE FL 32084	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT B.C. Moore 3840 Coastal Hwy ST Augustine, FL 32095	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS SELLERS, JAMIE 208 ARGONAUT RD ST AUGUSTINE FL 32086	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SECRETARY HENRY SHOWN PO Box 4415 ST Augustine, FL 32085	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DT STURGIS, KAREN 5235 AVE. B ST AUGUSTINE FL 32095	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~TREASURER~~ TREASURER JANET LEMONS 6170 A1A South #201 ST Augustine Beach, FL 32084	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition

12. 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 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: SIGNATURE REQUIRED 1/24/00 904 824-4571
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #