2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 10, 2002 8:00 am
Secretary of State
01-21-2002 90031 045 ****61.25

DOCUMENT # N42244

1. Entity Name

GOOD NEWS PRESBYTERIAN CHURCH, INC.

Principal Place of Business	Mailing Address
1357 WILDWOOD DR ST AUGUSTINE FL 32086 US	1357 WILDWOOD DR ST AUGUSTINE FL 32086 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

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
MOORE, B C 3840 COASTAL HWY ST AUGUSTINE FL 32095	Name – Jamie Sellers Street Address (P.O. Box Number is Not Acceptable) 208 Argonaut Rd. City St. Augustine FL Zip Code 32086

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 _____, President 1-11-02
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	(D) Fontana, Peter 217 Fiddlers Point Drive St. Augustine, Fl. 32080 — ☐ Change ☒ Addition (1)
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	~~President~~ (D) P Sellers, Jamie 208 Argonaut Rd. St. Augustine, Fl. 32086 — ☒ Change ☐ Addition (2)
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	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P MOORE, B C 3840 COASTAL WAY SAINT AUGUSTINE FL 32095	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S SWANN, HENRY PO BOX 4415 ST AUGUSTINE FL 32085	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) S Howell, David 5537 Atlantic View St. Augustine, Fl. 32080 — ☐ Change ☒ Addition (3)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T LEMONS, JANET ~~6170 AIA SOUTH #201~~ ~~SAINT AUGUSTINE FL 32084~~	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	(D) T 9237 July Lane St. Augustine, Fl. 32080 — ☒ Change ☐ Addition (4)

CR2E037 (9/01)

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 Pres. 1-11-02 (904) 819-0064
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #