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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000003012 (1)

1. Corporation Name

GOOD NEWS MISSION, INC.



Principal Place of Business

Mailing Address

1225 9TH AVE., NORTH
SEMINOLE FL 33706

8536 120TH ST., NORTH
SEMINOLE FL 33772-3949

3. Date Incorporated or Qualified
06/15/1994

3a. Date of Last Report
03/21/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number
59-3246168

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOKS, LYNN A
8536 120TH STREET NORTH
SEMINOLE FL 34642

81 Name George M. Brooks, III

82 Street Address (P.O. Box Number is Not Acceptable)

8536 120TH ST N.

83

84

City Seminole

FL

85 Zip Code 33772

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.

SIGNATURE

[Signature]

4-15-97

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTR
NAME BROOKS, LYNN A
STREET ADDRESS 8536 120TH ST., N
CITY-ST-ZIP SEMINOLE FL 34642

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPTR
NAME BROOKS, GEORGE
STREET ADDRESS 8536 120TH ST., N
CITY-ST-ZIP SEMINOLE FL 34642

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STR
NAME ZUARYCH, SHARON ZVARYCH
STREET ADDRESS 5575 97TH WAY N.
CITY-ST-ZIP ST. PETE FL 33708

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE TR
NAME ZUDRYCH, ADRAIN ZVARYCH, ADRIAN
STREET ADDRESS 5575 97TH WAY N.
CITY-ST-ZIP ST. PETE FL 33708

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE

[Signature]

4-15-97 813 399 1076

CR2E037 (9/96)