

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Mar 06, 2002 8:00 am
Secretary of State

03-06-2002 90090 003 ****61.25

DOCUMENT # N95000001298

1. Entity Name

GOOD NEWS FOSTER HOME, INC.

Principal Place of Business

Mailing Address

**242 1/2 LAFAYETTE CIRCLE
TALLAHASSEE FL 32303
US****PO BOX 12513
TALLAHASSEE FL 32317-2513
US**

2. Principal Place of Business

3. Mailing Address

242 LAFAYETTE CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3293598

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐**\$8.75** Additional
Fee Required

DO NOT WRITE IN THIS SPACE

**6. Name and Address of Current Registered Agent****7. Name and Address of New Registered Agent****BERNARD, JAMES E
242 1/2 LAFAYETTE CIRCLE
TALLAHASSEE FL 32303**

Name

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

242 LAFAYETTE CIRCLE

City

FL

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐**\$5.00** May Be
Added to Fees**Make Check Payable to
Department of State****10. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
D	BUSCH, DAVID	242 1/2 LAFAYETTE CIR	TALLAHASSEE FL 32303	☐
D	TEASE, BRIAN	242 1/2 LAFAYETTE CIR	TALLAHASSEE FL 32303	☐
D	DOYLE, HELEN	242 1/2	TALLAHASSEE FL 32303	☐
S	NIXON, JEAN	242 1/2 LAFAYETTE	TALLAHASSEE FL 32303	☐
D	BAILEY, JIM	242 1/2 LAFAYETTE CIRCLE	TALLAHASSEE FL 32303	☐
T	LEWIS, ERIC	242 1/2 LAFAYETTE CIRCLE	TALLAHASSEE FL 32303	☒

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
		242 LAFAYETTE CIRCLE		☒	☐
		242 LAFAYETTE CIRCLE		☒	☐
		242 LAFAYETTE CIRCLE		☒	☐
		242 LAFAYETTE CIRCLE		☒	☐
P		242 LAFAYETTE CIRCLE		☒	☐

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 file empowered.

SIGNATURE:**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JAMES E. BERNARD**2/21/02**

Date

850-412-0016

Daytime Phone #