2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 04, 2009
Secretary of State

DOCUMENT# N95000001298

Entity Name: GOOD NEWS FOSTER HOME, INC.

Current Principal Place of Business:

242 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303 US

New Principal Place of Business:

Current Mailing Address:

242 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303 US

New Mailing Address:

FEI Number: 59-3293598 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

BERNARD, JAMES E
242 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303 US

Name and Address of New Registered Agent:

LAURIENZO, EDWARD
242 LAFAYETTE CIRCLE
TALLAHASSEE, FL 32303 US

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: EDWARD LAURIENZO 03/04/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: V ( ) Delete
Name: BUSCH, DAVID
Address: 242 LAFAYETTE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: T ( ) Delete
Name: MCCLUNG, RANSOM
Address: 242 LAFAYETTE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: D ( ) Delete
Name: MCGLYNN, ANN
Address: 242 LAFAYETTE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: S ( ) Delete
Name: NIXON, JEAN
Address: 242 LAFAYETTE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: CS ( ) Delete
Name: POPP, BRENDA
Address: 242 LAFAYETTE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

Title: P ( ) Delete
Name: WHITE, CHUCK
Address: 242 LAFAYETTE CIRCLE
City-St-Zip: TALLAHASSEE, FL 32303

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:

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: EDWARD LAURIENZO EX D 03/04/2009
Electronic Signature of Signing Officer or Director Date