

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 7-03745

1. Entity Name

WORLD GOOD NEWS, INC.

Principal Place of Business

Mailing Address

2. Principal Place of Business

2406 HARPER STREET

Suite, Apt. #, etc.

3. Mailing Address

2406 HARPER STREET

Suite, Apt. #, etc.

City & State

JACKSONVILLE, FLORIDA

City & State

JACKSONVILLE, FLORIDA

Zip

32204

Country

UNITED STATES

Zip

32204

Country

UNITED STATES

4. FEI Number

59-1283134

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

Name

TAMMY HORN, EXECUTIVE DIRECTOR

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

2406 HARPER STREET

City

JACKSONVILLE

FL

Zip Code

32204

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]

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

(NOTE: Registered Agent signature required when reinstating)

DATE

9/13/01

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) ☐

FILE NOW!!! FEE IS \$550.00
After September 12, 2001 Fee will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐

\$5.00 May Be Added to Fees

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	VPD	<input checked="" type="checkbox"/> Delete
NAME	Powers, John C.	
STREET ADDRESS	2022 Carnes Street	
CITY-ST-ZIP	Orange Park, FL 32073	
TITLE	PD	<input type="checkbox"/> Delete
NAME	GOWER, MYRON T.	
STREET ADDRESS	667 PINE FOREST DR.	
CITY-ST-ZIP	ORANGE PARK, FL 32003	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHAFIN, JIM	
STREET ADDRESS	823 BARTHWICK CT.	
CITY-ST-ZIP	ORANGE PARK, FL 32073	
TITLE	D	<input type="checkbox"/> Delete
NAME	STUTSMAN, BRUCE	
STREET ADDRESS	131 HAMMOND BLVD	
CITY-ST-ZIP	JACKSONVILLE, FL 32221	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MALAVAN, MICHAEL	
STREET ADDRESS	8701 HAMPSHIRE GLEN DR.S.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32256	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BARLOW, LAURA	
STREET ADDRESS	8718 GOODBY'S TRACE CT.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32217	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SAMPSON, PATRICIA	
STREET ADDRESS	6456 BARRY DR.	
CITY-ST-ZIP	JACKSONVILLE, FL. 32208	
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ROSSIGNOL, TERRI	
STREET ADDRESS	2958 OLGA PL., #4	
CITY-ST-ZIP	JACKSONVILLE, FL 32205	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. 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 of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 1, changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

M. J. Gower

9/13/01 389-5231

CR2E034 (5/01)