

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 27, 2002 8:00 am
Secretary of State

05-27-2002 90307 033 ****70.00

DOCUMENT # 703745

1. Entity Name

WORLD GOOD NEWS, INC.

Principal Place of Business

Mailing Address

**2406 HARPER STREET
 JACKSONVILLE FL 32204**

**2406 HARPER STREET
 JACKSONVILLE FL 32204**

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

59-1283134

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

**HORN, TAMMY ED
 2406 HARPER STREET
 JACKSONVILLE FL 32204**

Name

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

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 \$61.25

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 ☐ Delete
PD GOWER, MYRON T
 STREET ADDRESS **667 PINE FOREST DRIVE N.**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE NAME ☒ Change ☐ Addition
D CHAFIN, JIM
 STREET ADDRESS **823 BARTHWICK COURT**
 CITY-ST-ZIP **ORANGE PARK, FL 32073**

TITLE NAME ☒ Delete
D MALAVAN, MICHAEL
 STREET ADDRESS **8701 HAMPSHIRE GLEN DR S**
 CITY-ST-ZIP **JACKSONVILLE FL 32258**

TITLE NAME ☐ Change ☒ Addition
SD TERRI ROSSIGNOL
 STREET ADDRESS **2958 OLGA PL. #4**
 CITY-ST-ZIP **JACKSONVILLE, FL 32205**

TITLE NAME ☐ Delete
SD CHAFIN, JIM
 STREET ADDRESS **823 BARTHWICK COURT**
 CITY-ST-ZIP **ORANGE PARK FL 32073**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D STUTSMAN, BRUCE
 STREET ADDRESS **131 HAMMOND BLVD**
 CITY-ST-ZIP **JACKSONVILLE FL 32221**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D BARLOW, LAURA
 STREET ADDRESS **8718 GOODBY'S TRACE CT**
 CITY-ST-ZIP **JACKSONVILLE FL 32217**

TITLE NAME ☐ Change ☐ Addition

TITLE NAME ☐ Delete
D SAMPSON, PATRICIA
 STREET ADDRESS **6456 BARRY DR**
 CITY-ST-ZIP **JACKSONVILLE FL 32208**

TITLE NAME ☐ Change ☐ Addition

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:

Myron T. Gower

MYRON T. GOWER

904-388-8000

CR2E037 (9/01)

should have been added last time.