

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAY -1 PM 1:00

DOCUMENT # 720985 (1)

1. Corporation Name

GOOD NEWS FELLOWSHIP MINISTRIES INC.

Principal Place of Business

Mailing Address

ROUTE 28 BOX 95D
SLEEPY CREEK RD.
MACON GA 31210
US

ROUTE 28 BOX 95D
SLEEPY CREEK RD.
MACON GA 31210
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1971

3a. Date of Last Report

03/02/1994

4. FEI Number

59-1360188

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

☒

\$68.75 Supplemental
Fee Not Required

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

DE-WOLFE, GLENDON
ROUTE 1 BOX 80
WILLISTON FL 32696

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	WALTERS, DAVID M.
STREET ADDRESS	RT 28 BOX 95D
CITY - ST - ZIP	MACON GA
TITLE	VTD
NAME	WALTERS, KATHRYN M.
STREET ADDRESS	RT 28 BOX 95D
CITY - ST - ZIP	MACON GA
TITLE	D
NAME	SCOTT, THOMAS WILLIAM
STREET ADDRESS	1800 WEGLEYAN DR #196
CITY - ST - ZIP	MACON GA
TITLE	SD
NAME	DE-WOLFE, GLENDON
STREET ADDRESS	ROUTE 1 BOX 80
CITY - ST - ZIP	WILLISTON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	☒ Change ☐ Addition
32 NAME	D. BUSBY KEITH
33 STREET ADDRESS	P.O. BOX 7795
34 CITY - ST - ZIP	MACON, GA 31209. N/A
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *David M. Walters*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M WALTERS

4.14.95 912 757 8071

Date Daytime Phone