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Jan 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 720985 (1)

1. Corporation Name

GOOD NEWS FELLOWSHIP MINISTRIES INC.



Principal Place of Business

Mailing Address

~~ROUTE 1 BOX 80~~
SLEEPY CREEK RD.
MACON GA 31210
US~~ROUTE 1 BOX 80~~
SLEEPY CREEK RD.
MACON GA 31202-0095
US

3. Date Incorporated or Qualified

05/20/1971

3a. Date of Last Report

03/22/1996

2. Principal Place of Business

2a. Mailing Address

21 220 SLEEPY CREEK ROAD

26 220 SLEEPY CREEK ROAD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

59-1360188

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. 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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME WALTERS, DAVID M.
STREET ADDRESS ~~ROUTE 1 BOX 80~~
CITY-ST-ZIP MACON GA☐ DELETE1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 220 SLEEPY CREEK ROAD
1.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE VTD
NAME WALTERS, KATHRYN M.
STREET ADDRESS ~~ROUTE 1 BOX 80~~
CITY-ST-ZIP MACON GA☐ DELETE2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 220 SLEEPY CREEK ROAD
2.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME BUSBY, KEITH
STREET ADDRESS P O BOX 7795 N/A
CITY-ST-ZIP MACON GA☐ DELETE3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE D
NAME DE-WOLFE, GLENDON
STREET ADDRESS ROUTE 1 BOX 80
CITY-ST-ZIP WILLISTON FL☐ DELETE4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE5.1 TITLE
5.2 NAME 300002065853
5.3 STREET ADDRESS -01/23/97--01017--040
5.4 CITY-ST-ZIP ***61.25☐ Change ☐ AdditionTITLE
NAME
STREET ADDRESS
CITY-ST-ZIP☐ DELETE6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP☐ Change ☐ Addition

14. I do 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID WALTERS

JAN 21 97 912 757 8071

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0075794

CR2E037 (9/96)

1/21/97