

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 720985

1. Entity Name

GOOD NEWS FELLOWSHIP MINISTRIES INC.

Principal Place of Business

220 SLEEPY CREEK ROAD
MACON GA 31210-0095
US

Mailing Address

220 SLEEPY CREEK ROAD
MACON GA 31210-5720
US

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

59-1360188

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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

TITLE PD ☐ Delete
NAME WALTERS, DAVID M.
STREET ADDRESS 220 SLEEPY CREEK ROAD
CITY-ST-ZIP MACON GA 31202

TITLE VTD ☐ Delete
NAME WALTERS, KATHRYN M.
STREET ADDRESS 220 SLEEPY CREEK ROAD
CITY-ST-ZIP MACON GA 31202

TITLE D ☐ Delete
NAME BUSBY, KEITH
STREET ADDRESS P.O. BOX 7705 N/A
CITY-ST-ZIP MACON GA

TITLE D ☐ Delete
NAME DE-WOLFE, GLENDON
STREET ADDRESS ROUTE 1 BOX 80
CITY-ST-ZIP WILLISTON FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Change ☐ Addition
NAME BUSBY, KEITH
STREET ADDRESS 1180 Walluhugi Trail
CITY-ST-ZIP Macon GA 31220

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID M WALTERS

01-12-00

912-757-8071

Date

Daytime Phone #

CD2507/000