

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 720985

FILED
Jan 12, 2005
Secretary of State

Entity Name: GOOD NEWS FELLOWSHIP MINISTRIES INC.

Current Principal Place of Business:

220 SLEEPY CREEK ROAD
MACON, GA 312100095 US

New Principal Place of Business:

Current Mailing Address:

220 SLEEPY CREEK ROAD
MACON, GA 312100095 US

New Mailing Address:

FEI Number: 59-1360188

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: WALTERS, DAVID M.,
Address: 220 SLEEPY CREEK ROAD
City-St-Zip: MACON, GA 31202

Title: VTD () Delete
Name: WALTERS, KATHRYN M.,
Address: 220 SLEEPY CREEK ROAD
City-St-Zip: MACON, GA 31202

Title: D () Delete
Name: BUSBY, KEITH
Address: 1180 WALLUHIYI TRAIL
City-St-Zip: MACON, GA 31220

Title: D () Delete
Name: DE-WOLFE, GLENDON,
Address: ROUTE 1 BOX 80
City-St-Zip: WILLISTON, FL

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: DE-WOLFE, GLENDON,
Address: ROUTE 1 BOX 80
City-St-Zip: WILLISTON, FL 32696

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID M WALTERS

PD

01/12/2005

Electronic Signature of Signing Officer or Director

Date