

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 04, 2003 8:00 am
Secretary of State

02-04-2003 90074 001 ****61.25

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 31210-0095
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

☐ CHECK HERE IF MAKING CHANGES



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. I am familiar with, and accept the obligations of registered agent.

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
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	WALTERS, DAVID M.	
STREET ADDRESS	220 SLEEPY CREEK ROAD	
CITY-ST-ZIP	MACON GA 31202	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	WALTERS, KATHRYN M.	
STREET ADDRESS	220 SLEEPY CREEK ROAD	
CITY-ST-ZIP	MACON GA 31202	
TITLE	D	<input type="checkbox"/> Delete
NAME	BUSBY, KEITH	
STREET ADDRESS	1180 WALLUHIYI TRAIL	
CITY-ST-ZIP	MACON GA 31220	
TITLE	D	<input type="checkbox"/> Delete
NAME	DE-WOLFE, GLENDON	
STREET ADDRESS	ROUTE 1 BOX 80	
CITY-ST-ZIP	WILLISTON FL	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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:

David M. Walters **DAVID M WALTERS**

2/1/03

478 757 8071

CR2E037 (10/02)