2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2006 08:00 AM
Secretary of State

DOCUMENT # 741661

1. Entity Name
GOOD LIFE BROADCASTING, INC.

Principal Place of Business	Mailing Address
653 W MICHIGAN ST ORLANDO, FL 32805	653 W MICHIGAN ST ORLANDO, FL 32805

DO NOT WRITE IN THIS SPACE

01092006 No Chg-NP CR2E037 (11/05)

4. FEI Number
59-2112394
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

MIKESELL, KEN
653 W. MICHIGAN ST.
ORLANDO, FL 32805

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	NORMAN, JAMES G
STREET ADDRESS	4445 OLD BEAR RUN
CITY-ST-ZIP	WINTER PARK, FL 32792
TITLE	D
NAME	TESCH, RICK
STREET ADDRESS	1350 CANAL POINT RD.
CITY-ST-ZIP	LONGWOOD, FL 32750
TITLE	DVP
NAME	KUCK, PAUL
STREET ADDRESS	3034 HOFFNER AVENUE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	DCT
NAME	POLINO, GENE
STREET ADDRESS	106 BEACH AVENUE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL
TITLE	D
NAME	SINGLETON, RALPH
STREET ADDRESS	1602 SUMMERLAND DRIVE
CITY-ST-ZIP	WINTER PARK, FL
TITLE	DS
NAME	NORMAN, G JACK
STREET ADDRESS	306 WILD OLIVE LN
CITY-ST-ZIP	LONGWOOD, FL

U00000402111
02/02/06-80072-022 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ President 1/19/06 407-423-520
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #