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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Mar 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

743150

(5)

THE GOOD NEWS EVANGELISTIC ASSOCIATION, INC.

,,,_		, , ,					
Principal Place of Business		Mailing Address	Mailing Address		# (OBIN LONG NIND NINGE OFFIL #	#11 B401f B401! Qf014 #14f	A BABAN MANNA EMBE
129 SYLVAN LAKE CIRCLE P.O. BOX 564		129 SYLVAN LAKE CIRCLE P.O. BOX 564					
ST. JAMES CITY FL 33956 ST. JAMES CITY FL 3395		5-0564		3. Date Incorporated or Qualified 06/07/1978	3a. Date of Last Report 10/11/1996		
2. Principal Pl	ace of Business	2a. Maiting Address		······································	4. FEI Number		Applied For
		26			59-1840591		Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired Fee Required			
City & State		City & State			6. Election Campaign Financing \$5.00 May Be		
Z _i p	p Country Zig		Zip Country		Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032,		
24]	25	29	30	, it. y		Yes No	s. 199.032,
	9. Name and Address of Curren		1001		10. Name and Address of New Reg		
				B1 Name			
STEVEN	S. DAN		-	82 Street Add	ress (P.O. Box Number is Not Acceptable	(a)	
129 SYLVAN LAKE CIRCLE				oz Sireer Addi	ress (1.0. Box Normber is Not Acceptable	·0)	
P.O. BOX 564			Ì	83			
ST. JAMES CITY FL 33956-1011				84 City		- 85 Zi	p Code
						FL	· .
11. Pursuant to office or re	to the provisions of Sections 617.050 goistered agent, or both, in the State	2 and 617.1508, Florida Statu of Florida. Such change was	tes, the at authorized	pove-named corp of by the corpora	poration submits this statement for the p tion's board of directors. I hereby accep	urpose of changing	its registered as registered
agent I a	of familiar) with, and accept the obliga	ations of, Section 617.0503, FI	orida Stat	utes.		4	
SIGNATURE_	1 Cens X C	seus -				/-97	
12.	Signature, typed or printed more of egistered age OFFICERS ANI		13.	Agent signature requi	ADDITIONS/CHANGES TO OFFIC		ORS IN 12
TITLE	CD	DELETE	1,1 70	ILE	7.001110(10,07111100010 10 07110	☐ Change	
NAME	TROTTER, DARRELL		1.2 NA	IME			_
STREET ADDRESS	13804 ROSWELL DRIVE		1.3 ST	REET ADDRESS			
01TV CT 710	CARMEL IN 46032		1.4 CI	TY-ST-ZIP			
TITLE	D	DELETE	2.1 TI	TLE		Chang	e 🔲 Addition
NAME	NICHOLS, GALEN		2.2 N/	ME			
STREET ADDRESS	1433 E. 100 N.		2351	REET ADDRESS			
CITY-ST-ZIP	DANVILLE IN 46122		_	ITY-ST-ZIP			
THLE	D	☐ DELETE	3.1 Tr			Chang	e 🔲 Addition
NAME	HAY, JOHN JR.		3.2 NA	1			
STREET ADDRESS	814 ABERDEEN DRIVE			REET ADORESS			
CITY-ST-ZIP TITLE	INDIANAPOLIS IN 46241	DELETE	3.4. C 4.1 TI	ITY-ST-ZIP		Chang	e Addition
NAME	ROSS, MICHAEL B	Frail Account	4.2 N	1		tund Ording	· · · · · · · · · · · · · · · · · · ·
STREET ADDRESS	9895 VILLAGE COURT			REET ADDRESS			
CITY-ST-ZIP	INDIANAPOLIS IN 46234		- 1	TY-ST-ZIP			,
TITLE	S. T	DELETE	5.1 Tr			Chang	e 🔲 Addition
NAME	TROTTER, MONA		5.2 N	AME			
STREET ADDRESS	13804 ROSWELL DRIVE		5.3 \$1	REET ADDRESS			
CITY - ST - ZIP	CARMEL IN 46032		5.4 CI	TY-ST-ZIP			
TITLE	45	DELETE 6.11		TLE		☐ Chang	e 🔲 Addition
NAME	ACHESON-MUNOS, JEANNE		6.2 N/	AME			
STREET ADDRESS	1755 PARSONS DR., APT. C		6.3 ST	REET ADORESS			
CITY-SI-ZIP	INDIANAPOLIS IN 46224	7.00		TY-ST-ZIP		niam . See	
informatio	n indicated on this annual report or s	applemental annual report is	true and a	accurate and tha	d in Section 119.07(3)(i), Florida Statute: it my signature shall have the same lega	effect as if made	under oath; that
I am an o	fficer or director of the corporation or n Block 12 or Block 13 if changed, or	the receiver or trustee empor	wered to a	execute this repo	ort as required by Chapter 617, Florida S	tatutes; and that m	y name ス <i>フノ-フケ</i> ッ