

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90055 047 ****61.25

DOCUMENT # 743150

1. Corporation Name

THE GOOD NEWS EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

129 SYLVAN LAKE CIRCLE
P.O. BOX 564
ST. JAMES CITY FL 33956

Mailing Address

129 SYLVAN LAKE CIRCLE
P.O. BOX 564
ST. JAMES CITY FL 33956



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

06/07/1978

4. FEI Number

59-1840591

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

STEVENS, DAN
129 SYLVAN LAKE CIRCLE
P.O. BOX 564
ST. JAMES CITY FL 33956-1011

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME TROTTER, DARRELL
STREET ADDRESS 4341 HORTON RD.
CITY-ST-ZIP JACKSON MI 49201

TITLE T ☐ DELETE

NAME RUSSELL, DEBBIE
STREET ADDRESS 7317 HALSTED DRIVE
CITY-ST-ZIP INDIANAPOLIS IN 46214

TITLE D ☐ DELETE

NAME HAY, JOHN JR.
STREET ADDRESS 814 ABERDEEN DRIVE
CITY-ST-ZIP INDIANAPOLIS IN 46241

TITLE P ☐ DELETE

NAME ROSS, MICHAEL B
STREET ADDRESS 9895 VILLAGE COURT
CITY-ST-ZIP INDIANAPOLIS IN 46234

TITLE D ☐ DELETE

NAME TROTTER, MONA
STREET ADDRESS 4341 HORTON RD.
CITY-ST-ZIP JACKSON MI 49201

TITLE S ☐ DELETE

NAME ACHESON-MUNOS, JEANNE
STREET ADDRESS 8531 CHAPEL PINES DRIVE SOUTH
CITY-ST-ZIP INDIANAPOLIS IN 46234

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Michael B. Ross [MICHAEL B. ROSS] President 3/20/99 317-271-7425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0061988

CR2F037 (11/98)