

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 743150

1. Entity Name

THE GOOD NEWS EVANGELISTIC ASSOCIATION, INC.

FILED
May 11, 2000 8:00 am
Secretary of State

05-11-2000 90319 001 ****61.25

Principal Place of Business

Mailing Address

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

129 SYLVAN LAKE CIRCLE
P.O. BOX 564
ST. JAMES CITY FL 33956-0564

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

59-1840591

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

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
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☒ Change ☐ Addition
NAME ROSS, MICHAEL B
STREET ADDRESS 9895 VILLAGE CT
CITY-ST-ZIP AVON, IN 46123

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

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/99)