

**2001 UNIFORM BUSINESS REPORT (UBR)****FILED****Jan 14, 2001 08:00 AM****Secretary of State****DOCUMENT # 743150**

1. Entity Name

THE GOOD NEWS EVANGELISTIC ASSOCIATION, INC.

Principal Place of Business

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

FL

Mailing Address

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

FL

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City &amp; State

City &amp; State

Zip

Country

Zip

Country

4. FEI Number

**59-1840591**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

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  
339561011

US

FL

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 **STEVENS, DAN****01/14/2001**

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

(NOTE: Registered Agent signature required when reinstalling)

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	S	<input type="checkbox"/> Delete
NAME	ACHESON-MUNOS JEANNE	
STREET ADDRESS	8531 CHAPEL PINES DRIVE SOUTH	
CITY-ST-ZIP	INDIANAPOLIS IN 46234	
TITLE	D	<input type="checkbox"/> Delete
NAME	TROTTER MONA	
STREET ADDRESS	4341 HORTON RD.	
CITY-ST-ZIP	JACKSON MI 49201	
TITLE	P	<input type="checkbox"/> Delete
NAME	ROSS MICHAEL B	
STREET ADDRESS	9895 VILLAGE CT	
CITY-ST-ZIP	AVON IN 46123	
TITLE	D	<input type="checkbox"/> Delete
NAME	HAY JOHN JR.	
STREET ADDRESS	814 ABERDEEN DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN 46241	
TITLE	T	<input type="checkbox"/> Delete
NAME	RUSSELL DEBBIE	
STREET ADDRESS	7317 HALSTED DRIVE	
CITY-ST-ZIP	INDIANAPOLIS IN 46214	
TITLE	CD	<input type="checkbox"/> Delete
NAME	TROTTER DARRELL	
STREET ADDRESS	4341 HORTON RD.	
CITY-ST-ZIP	JACKSON MI 49201	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER MONA	
STREET ADDRESS	515 GREEN MEADOW DRIVE	
CITY-ST-ZIP	ANDERSON IN 46011	
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		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	CD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TROTTER DARRELL	
STREET ADDRESS	515 GREEN MEADOW DRIVE	
CITY-ST-ZIP	ANDERSON IN 46011	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:**

Michael B. Ross

P

01/14/2001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/00)