

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 743150

FILED
Jan 22, 2002 8:00 AM
Secretary of State

Entity Name: THE GOOD NEWS EVANGELISTIC ASSOCIATION, INC.

Current Principal Place of Business:

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

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-1840591

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

STEVENS, DAN
129 SYLVAN LAKE CIRCLE
P.O. BOX 564
ST. JAMES CITY, FL 339561011 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: CD () Delete
Name: TROTTER, DARRELL
Address: 515 GREEN MEADOW DRIVE
City-St-Zip: ANDERSON, IN 46011

Title: T () Delete
Name: RUSSELL, DEBBIE
Address: 7317 HALSTED DRIVE
City-St-Zip: INDIANAPOLIS, IN 46214

Title: D () Delete
Name: HAY, JOHN JR.
Address: 814 ABERDEEN DRIVE
City-St-Zip: INDIANAPOLIS, IN 46241

Title: P () Delete
Name: ROSS, MICHAEL B
Address: 9895 VILLAGE CT
City-St-Zip: AVON, IN 46123

Title: D () Delete
Name: TROTTER, MONA
Address: 515 GREEN MEADOW DRIVE
City-St-Zip: ANDERSON, IN 46011

Title: S () Delete
Name: ACHESON-MUNOS, JEANNE
Address: 8531 CHAPEL PINES DRIVE SOUTH
City-St-Zip: INDIANAPOLIS, IN 46234

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: P (X) Change () Addition
Name: ROSS, MICHAEL B
Address: 3238 GREENBRIAR RD
City-St-Zip: ANDERSON, IN 46011

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: S (X) Change () Addition
Name: ACHESON-MUNOS, JEANNE
Address: 303 EAST MORRISON
City-St-Zip: WILLMORE, KY 40390

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL B ROSS

PRES

01/22/2002

Electronic Signature of Signing Officer or Director

Date