2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # 746416

1. Entity Name
GOOD NEWS CHRISTIAN FELLOWSHIP, INC.

Principal Place of Business	Mailing Address
9215 LITTLE ROAD NEW PORT RICHEY, FL 34654	9846 LITTLE ROAD PMB #412 NEW PORT RICHEY, FL 34654

DO NOT WRITE IN THIS SPACE

03182005 No Chg-NP   CR2E037 (10/03)

4. FEI Number
59-2772492

☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

HEKHUIS, GERALD
7500 LILY PAD CT
HUDSON, FL 34667

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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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable   (NOTE. Registered Agent signature required when reinstating)   DATE

**Filing Fee is $61.25
Due by May 1, 2005**

9. Election Campaign Financing
Trust Fund Contribution.   ☐   **$5.00** May Be Added to Fees

10.   OFFICERS AND DIRECTORS

TITLE	VD
NAME	DAVIES, JAMES
STREET ADDRESS	12304 PARTRIDGE HILL ROW
CITY-ST-ZIP	BAYONET POINT, FL 34667
TITLE	ST
NAME	PORTER, KAREN
STREET ADDRESS	10524 PROPER DR
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	P
NAME	HEKHUIS, GERALD REV.
STREET ADDRESS	7500 LILY PAD CT
CITY-ST-ZIP	HUDSON, FL 34667
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/12/05-80008-001 61.25

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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: _Gerald P Hekhuis_   4-6-05   (727)819-8881
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #