2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT **DOCUMENT # N00000003743** 1. Entity Name

FILED Mar 22, 2004 8:00 am

THE GOOD NEWS OUTREACH MINISTRIES, INC.							o3-22-2004	-			
Principal Plac 3492 MAI KA PENSACOLA,		Address NAI KAI DRIVE COLA, FL 32526		••••							
Principal Place of Business 3. Mailing Addres				ddress							
Suite, Apt. #, etc. Si			Suite, Apt. #, etc.			02262004	Chg-NP	CR2E0	37 (10/03)		
City & State C			City & State			4. FEI Number Applied For 59-3653714 Not Applied For					
Zip Country Zip			p Country			5. Certificate of		4	\$8.75 Add		
	6. Name and Address of Current	Registered	Agent			7. Name and A	ddress of New I	Registered .	<u> </u>		
SCHLEICH, JAN PASTOR				Name	Name						
3492 MAI KAI DRIVE PENSACOLA, FL 32526			Street Addr			P.O. Box Number	s Not Acceptab	le)			
				City				FL	Zip Coc	de	
8. The above	named entity submits this statement fo	or the purpos	e of changing its re	egistered office of	or register	red agent, or both,	in the State of F		- 1	, and accept	
SIGNATURE	Signature, typed or printed name of registered agent	t and title if applica	able. (NOTE:	Registered Agent signs	ature required	d when reinstating)		DATE			
	Filing Fee is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution.			\$5.00 May Be Added to Fees			k payable t			
10. OFFICERS AND DIRECTORS				11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10				N 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP SCHLEICH, JAN PASTOR 3492 MAI KAI DR PENSACOLA, FL 32526		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD COYLE, JOSEPH W 7908 RED BEAN DR PENSACOLA, FL 32526		Delete	TITLE NAME STREET ADDRESS CITY-SI-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	STD SNIDER, DIANNE 3435 MAI KAI DR PENSACOLA, FL 32526		Pelete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	ST TSO GO	D Rac Willia od News . Box 8459	ams Realty -	- Dark	□ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1 ENS/100EN, 1 E 02020		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1.0	· 100 (040	<u> </u>	141 2	☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		·	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		ection 119.07(3)(i),	7		Change	Addition	

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.