2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

Secretary of State DOCUMENT # N00000003743 03-29-2006 90139 017 ****70.00 THE GOOD NEWS OUTREACH MINISTRIES, INC. Principal Place of Business Mailing Address **20006384** 3492 MAI KAI DRIVE 3492 MAI KAI DRIVE PENSACOLA, FL 32526 PENSACOLA, FL 32526 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01032006 Chg-NP CR2E037 (11/05) City & State 4. FEI Number 59-3653714 City & State Applied For Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCHLEICH, JAN PASTOR Street Address (P.O. Box Number is Not Acceptable) 3492 MAI KAI DRIVE PENSACOLA, FL 32526 City 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. I am familiar with, and accept SIGNATURE 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Due by May 1, 2006 Trust Fund Contribution Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. 11. DΡ ☐ Delete TITLE ☐ Change ■ Addition SCHLEICH, JAN PASTOR MARAE NAME STREET ADDRESS 3492 MAI KAI DR STREET ADDRESS CITY-ST-ZIP PENSACOLA, FL 32526 CITY-ST-ZIP Delete ☐ Addition TITLE TITLE ☐ Change COYLE, JOSEPH W NAME NAME STREET ADDRESS 7908 RED BEAN DR STREET ADDRESS PENSACOLA, FL 32526 CITY-ST-719 CITY ST. 7P JAMES Schleich STO 105Woodland Drive TITLE ☐ Delete TITLE Addition NAME SCHLEJCH, JAMES NAME 3492 MAIKAI DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PENSACOLA, CITY-ST-ZIP TITLE ☐ Delete TITLE ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TOLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 attackment with an address with all other like empowered. SIGNATURE: Daytime Phone i

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Mar 29, 2006 8:00 am