2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 05, 2006
Secretary of State

DOCUMENT# N04169

Entity Name: MESSIANIC GOOD NEWS, INC.

Current Principal Place of Business:

REV. DAVID WALZ FRIENDS OF ISRAEL
18175 BARUCH DRIVE
FORT MYERS, FL 33912 US

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 908
BELLMAWR, NJ 08099 US

New Mailing Address:

FEI Number: 59-2437511 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND RD
PLANTATION, FL 33324 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: PD ( ) Delete
Name: SUTTER, WILLIAM E
Address: 1179 ALMONESSON RD
City-St-Zip: WESTVILLE, NJ 08093

Title: SD ( ) Delete
Name: BRODSKY, PHILLIP G
Address: 654 LEE'S GAP ROAD
City-St-Zip: FINCASTEL, VA 24090

Title: D ( ) Delete
Name: SCHEIDE, CHARLES
Address: 13113 TITLEIST DRIVE
City-St-Zip: HUDSON, FL 34669

Title: CD ( ) Delete
Name: MACLEAN, JAMES P.
Address: P.O. BOX 707
City-St-Zip: PORT NORRIS, NJ 08349

Title: D ( ) Delete
Name: MURRAY, LAURENCE H
Address: 535 OAK KNOLL ROAD
City-St-Zip: BARRINGTON HILLS, IL 60010

Title: T ( ) Delete
Name: SHOWERS, JAMES
Address: 1179 ALMONESSON ROAD
City-St-Zip: WESTVILLE, NJ 08093

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

Title: D (X) Change ( ) Addition
Name: MURRAY, LAURENCE H
Address: 129 ROSE HALL DRIVE
City-St-Zip: LAKE ZURICH, IL 60047

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 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: JAMES SHOWERS T 01/05/2006

Electronic Signature of Signing Officer or Director — Date