

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04169

FILED
Feb 10, 2009
Secretary of State

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:

DR. PETER COLON FRIENDS OF ISRAEL
3345 SW 1ST CT.
DEERFIELD BEACH, FL 33442 US

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: 129 ROSE HALL DRIVE
City-St-Zip: LAKE ZURICH, IL 60047

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:

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Name:
Address:
City-St-Zip:

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City-St-Zip:

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

I hereby certify that the information supplied with this filing does not qualify 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

02/10/2009

Electronic Signature of Signing Officer or Director

Date