

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000001860

FILED  
Feb 06, 2009  
Secretary of State

**Entity Name:** GOOD NEWS GLOBAL MINISTRIES INCORPORATED

**Current Principal Place of Business:**

19115 AUTUMN WOODS AVENUE  
TAMPA, FL 33647

**New Principal Place of Business:**

**Current Mailing Address:**

19115 AUTUMN WOODS AVENUE  
TAMPA, FL 33647

**New Mailing Address:**

**FEI Number:** 43-2060405

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

TAYLOR, EVELYN J  
19115 AUTUMN WOODS AVENUE  
TAMPA, FL 33647 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: REV ( ) Delete  
Name: TAYLOR, SCOTT B  
Address: 19115 AUTUMN WOODS AVE  
City-St-Zip: TAMPA, FL 33647

Title: MRS ( ) Delete  
Name: BANKS, VENETIA  
Address: 10806 BREAKING ROCKS DR  
City-St-Zip: TAMPA, FL 33647

Title: MISS ( ) Delete  
Name: RENAUD, JACQUELINE  
Address: 5909 LAKES DIVIDE  
City-St-Zip: TEMPLE TERRACE, FL 33637

Title: MRS ( ) Delete  
Name: BROWN, DATHLONE  
Address: 15210 AMBERLY DRIVE APT. 1724  
City-St-Zip: TAMPA, FL 33616

Title: REV. ( ) Delete  
Name: TAYLOR, EVELYN  
Address: 19115 AUTUMN WOODS AVE  
City-St-Zip: TAMPA, FL 33647

**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: ( ) 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: EVELYN J TAYLOR

REV

02/06/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date