2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 10, 2009
Secretary of State

DOCUMENT# N08000002005

Entity Name: GOOD NEWS FISHING MINISTRIES, INC.

Current Principal Place of Business:

505 SOUTH FLAGLER DR., SUITE 1100
W. PALM BCH, FL 33401

New Principal Place of Business:

505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

Current Mailing Address:

505 SOUTH FLAGLER DR., SUITE 1100
W. PALM BCH, FL 33401

New Mailing Address:

505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401

FEI Number: 26-2069331 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DR., SUITE 1100
W. PALM BCH, FL 33401 US

Name and Address of New Registered Agent:

JONES FOSTER SERVICE, LLC
505 SOUTH FLAGLER DRIVE
SUITE 1100
WEST PALM BEACH, FL 33401 US

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: DAVID E. BOWERS, ESQ. 02/10/2009
Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: FORMAN, WALTER
Address: 28 SHADY LANE
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: PAGANO, DONALD
Address: 28 SHADY LANE
City-St-Zip: TEQUESTA, FL 33469

Title: D ( ) Delete
Name: CARUSO, ANTHONY
Address: 28 SHADY LANE
City-St-Zip: TEQUESTA, FL 33469

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: D (X) Change ( ) Addition
Name: FORMAN, WALTER M.D.
Address: 28 SHADY LANE
City-St-Zip: TEQUESTA, FL 33469

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: WALTER FORMAN, M.D. D 02/10/2009
Electronic Signature of Signing Officer or Director Date