


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 16, 2004 08:00 AM
Secretary of State

DOCUMENT # N12579 1. Entity Name GOOD NEWS NETWORK, INC.					
Principal Place of Business 320 SOUTHLAKE DR SAINT AUGUSTINE FL 32092 US			Mailing Address 320 SOUTHLAKE DR SAINT AUGUSTINE FL 32092 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-2722339 <div style="float: right;"> <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable </div>	
6. Name and Address of Current Registered Agent				5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
BLACKBURN, DENNIS 1800 FLORIDA NATIONAL BANK TOWER 225 WATER STREET JACKSONVILLE FL 32202				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) <small>Signature: typed or printed name of registered agent and title if applicable</small>					
FILE NOW: FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
Make Check Payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P/D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISTLER, GLENN D <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	320 SOUTHLAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092		CITY-ST-ZIP	U000000054151 02/16/04-80159-024 70.00	
TITLE	VP/D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	KISTLER, LAURA D <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	320 SOUTHLAKE DRIVE		STREET ADDRESS		
CITY-ST-ZIP	SAINT AUGUSTINE FL 32092		CITY-ST-ZIP		
TITLE	T/D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	THOMAS UNDERWOOD <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	6198 SABAL PALMS ST		STREET ADDRESS		
CITY-ST-ZIP	BUNNELL FL 32110		CITY-ST-ZIP		
TITLE	S/D		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEA, GREGORY P. <input type="checkbox"/> Delete		NAME		
STREET ADDRESS	165 CLAXTON		STREET ADDRESS		
CITY-ST-ZIP	YULEE FL 32097		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 exemption stated in Section 119.07(3)(i), 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 attachment with an address, with all other like empowered.					
SIGNATURE: <i>Glenn D Kistler</i> P/D Glenn D. Kistler			2-13-04 904-230-8798		