

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 05, 2009
Secretary of State

DOCUMENT# N12579

Entity Name: GOOD NEWS NETWORK, INC.

Current Principal Place of Business:

320 SOUTHLAKE DR
SAINT AUGUSTINE, FL 32092 US

New Principal Place of Business:

Current Mailing Address:

320 SOUTHLAKE DR
SAINT AUGUSTINE, FL 32092 US

New Mailing Address:

FEI Number: 59-2722339 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BLACKBURN, DENNIS
1800 FLORIDA NATIONAL BANK TOWER
225 WATER STREET
JACKSONVILLE, FL 32202 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: P/D () Delete
Name: KISTLER, GLENN D,
Address: 320 SOUTHLAKE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: VP/D () Delete
Name: KISTLER, LAURA D,
Address: 320 SOUTHLAKE DRIVE
City-St-Zip: SAINT AUGUSTINE, FL 32092

Title: T/D () Delete
Name: THOMAS UNDERWOOD,
Address: 6198 SABAL PALMS ST
City-St-Zip: BUNNELL, FL 32110

Title: S/D () Delete
Name: LEA, GREGORY P.,
Address: 165 CLAXTON
City-St-Zip: YULEE, FL 32097

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:

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: GLENN D. KISTLER

P/D

02/05/2009

Electronic Signature of Signing Officer or Director

_____ Date