

# 2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12579

FILED  
Jan 30, 2012  
Secretary of State

**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  
**Name:** KISTLER, GLENN D  
**Address:** 320 SOUTHLAKE DRIVE  
**City-St-Zip:** SAINT AUGUSTINE, FL 32092

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

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

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

I hereby 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 all other like empowered.

**SIGNATURE:** GLENN KISTLER

P/D

01/30/2012

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

\_\_\_\_\_  
Date