FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N40634

(0)

GOOD NEWS FOUNDATION, INC.

FILED Jun 16 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address			P IN PINING BAN NIBNI NDAKE DIRON GIRAN NI			#HBH 1841	
10575 OLD DIXIE HIGHWAY ST AUGUSTINE FL 32095 US		10575 OLD DIXIE HIGHWAY ST AUGUSTINE FL 32095-8854 US							
					3. Date Incorporated or Qualified 11/01/1990	3a. Date of 04/1	Last Rep 6/1996	port	
21	Place of Business	2a. Mailing Address 26			4. FEI Number 59-3036082	Applied For Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired	1 1	\$8.75 Additional Fee Required		
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Z ip 24	Country 25	Zip 29	P 30 Florida			poration has liability for intangible tax under s. 199.032, Statutes			
	9. Name and Address of Current	Hegistered Agent	81	Nome	10. Name and Address of New Re	gistered Agen	<u> </u>		
			0	Name					
	. Brigham LD Dixie Hwy.		82 Street Add		Address (P.O. Box Number is Not Acceptab	ole)			
	/EDRA FL 32082	83		1					
			84	City		FL 85	Zip Co	ode	
11. Pursuant office or	to the provisions of Sections 617.0502 registered agent, or both, in the State cam familiar with, and accept the obligations.	and 617.1508, Florida Statute of Florida, Such change was all ions of, Section 617.0503, Flori	s, the above uthorized b	re-named y the corp	corporation submits this statement for the poration's board of directors. I hereby accept	ourpose of char of the appointm	iging its i ent as re	registered egistered	
SIGNATURE									
. ₩	Signature, typed or printed name of registered agen			ent signature	required when reinstating)	DATE			
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFIC		hange	IN 12 Addition	
NAME	HART, JOHN BRIGHAM	1.2 N					riange	Madillon [
STREET ADDRESS	APPE OLD DIME HOLDIAN			T ADDRESS					
CITY-ST-ZIP	OT ALIQUATINE EL		1.4 CITY -						
TITLE	D	☐ DELETE	2.1 TrTLE	· · ·		□ C	hange	Addition	
NAME	HART; LITA G/		2.2 NAME						
STREET ADDRESS	10575 OLD DIXIE HIGHWAY		2.3 STREE	T ADDRESS					
ČITY-ST-ZIP	ST AUGUSTINE FL		2. 4 CITY-	ST-ZIP					
TITLE	D	DELETE	3.1 TITLE	,			hange	☐ Addition	
NAME	KING, DAVID M.	·	3.2 NAME						
STREET ADDRESS	10575 OLD DIXIE HIGHWAY ST AUGUSTINE FL			T ADDRESS					
CITY-ST-ZIP TITLE	D AUGUSTINE PL	DELETE	3.4. CITY-	ST-ZIP	7	П.	hange	Addition	
NAME	MARK R. WELLS		4.2 NAME		MARK R. WELLS 10575 OLD DEXECT	□ ∨	nange _	Addition	
STREET ADDRESS	JAGTE GLY BEKER Y	luv		T ADDRESS	10575 OLD DEXEE	LEGHWA	بو		
CITY-ST-ZIP			4.4 CITY-		ST AUGUSTENE FL. 3		•		
TITLE	1	DELETE	5.1 TITLE	-	7		hange	Addition	
NAME			5.2 NAME				-		
STREET ADDRESS			5.3 STREE	T ADDRESS					
CITY-ST-ZIP			5.4 CITY-	ST-ZIP_					
TITLE		DELETE	6.1 TITLE			□ c	hange	Addition	
NAME			6.2 NAME						
STREET ADDRESS			6.3 STREE	T ADDRESS					
CITY-ST-ZIP			6.4 CITY~	ST-ZIP					

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.