

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40634

1. Entity Name

GOOD NEWS FOUNDATION, INC.

Principal Place of Business

500 S FLORIDA AVE
4TH FLOOR
LAKELAND FL 33801
US

Mailing Address

500 S FLORIDA AVE
4TH FLOOR
LAKELAND FL 33801
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

HART, J. BRIGHAM
10575 OLD DIXIE HWY.
PONTE VEDRA FL 32082

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE D ☐ Delete
NAME HART, JOHN BRIGHAM
STREET ADDRESS 500 S FLORIDA AVE, STE 240
CITY-ST-ZIP LAKELAND FL 33801

TITLE D ☐ Delete
NAME HART, LITA G
STREET ADDRESS 500 S FLORIDA AVE, STE 240
CITY-ST-ZIP LAKELAND FL 33801

TITLE D ☐ Delete
NAME WELLS, MARK R
STREET ADDRESS 500 S FLORIDA AVE, STE 240
CITY-ST-ZIP LAKELAND FL 33801

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☒ Change ☐ Addition
NAME 500 S. Florida Ave, 4th Floor
STREET ADDRESS Lakeland, Florida 33801
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 500 S. Florida Ave, 4th Floor
STREET ADDRESS Lakeland, Florida 33801
CITY-ST-ZIP

TITLE ☒ Change ☐ Addition
NAME 500 S. Florida Ave, 4th Floor
STREET ADDRESS Lakeland, Florida 33801
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

FILED
May 14, 2001 8:00 am
Secretary of State

05-14-2001 90162 001 *1,411.25



DO NOT WRITE IN THIS SPACE

CR2E037 (10/00)