

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N40634

1. Entity Name

GOOD NEWS FOUNDATION, INC.

FILED

61.02 MAR 19 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

500 S FLORIDA AVE
4TH FLOOR
LAKELAND FL 33801
US

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

4. FEI Number

59-3036082

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

Peter Munson

Street Address (P.O. Box Number is Not Acceptable)

500 S. FLA. Ave

City

Suite 240
LAKELAND

FL

Zip 33801

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

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HART, JOHN BRIGHAM
500 S. FLORIDA AVE., 4TH FLOOR
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
FF \$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
HART, LITA G
500 S. FLORIDA AVE., 4TH FLOOR
LAKELAND FL 33801 ☐ Delete

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
D
WELLS, MARK R
500 S. FLORIDA AVE., 4TH FLOOR
LAKELAND FL 33801 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition
000005182350--8
-04/02/02--01028--021
****393.25 ****\$61.25

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

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

TITLE
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☐ Change ☐ Addition

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/14/02

Date

863-281-1181

Daytime Phone #

CR2E037 (9/01)