

**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N40634

1. Entity Name
GOOD NEWS FOUNDATION, INC.



AM 8:59

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**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

61.25



07122004 No Chg-NP CR2E037 (10/03)

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4. FEI Number
59-3036082

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**MUNSON, PETER
500 S. FLA. AVENUE
SUITE 240
LAKELAND, FL 33801**

**DO NOT WRITE
IN THIS SPACE**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by September 8, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
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CITY-ST-ZIP

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FILED
04 AUG -2 AM 8:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN THIS SPACE**

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

Date

Daytime Phone #

John B. Hart **JOHN B. HART** 7/12/04 863-284-1181