


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2005 8:00 am**  
**Secretary of State**

03-01-2005 90073 003 \*\*\*\*61.25

<b>DOCUMENT # N40634</b>	
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
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50021198



2. Principal Place of Business <i>304 Clearwater Dr.</i>	3. Mailing Address <i>304 Clearwater Dr.</i>
Suite, Apt. #, etc.	Suite, Apt. #, etc.

02072005 Chg-NP CR2E037 (10/03)

City & State <i>Ponte Vedra, FL</i>	City & State <i>Ponte Vedra, FL</i>	4. FEI Number 59-3036082	Applied For <input type="checkbox"/> Not Applicable
Zip <i>32082</i>	Country <i>USA</i>	Zip <i>32082</i>	Country <i>USA</i>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent  MUNSON, PETER 500 S. FLA. AVENUE SUITE 240 LAKELAND, FL 33801		7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code	
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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 reappointing) DATE \_\_\_\_\_

**Filing Fee is \$61.25  
Due by May 1, 2005**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

**Make check payable to  
Florida 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 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>304 Clearwater Dr. Ponte Vedra, FL 32082</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HART, LITA G 500 S. FLORIDA AVE., 4TH FLOOR LAKELAND, FL 33801 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <i>304 Clearwater Dr. Ponte Vedra, FL 32082</i>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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:** *LITA HART*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*03/25/05* *904 280 8457*  
Date Daytime Phone #



Lita Hart  
304 Clearwater Dr.  
Ponte Vedra, FL 32082