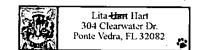
## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **Secretary of State** DOCUMENT # N40634 03-01-2005 90073 003 \*\*\*\*61.25 GOOD NEWS FOUNDATION, INC. Principal Place of Business Mailing Address 500 S FLORIDA AVE 500 \$ FLORIDA AVE 50021198 4TH FLOOR 4TH FLOOR LAKELAND, FL 33801 LAKELAND, FL 33801 2. Principal Place of Business 304 Suite, Apt. #, etc. Suite, Apt. #, etc. 02072005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-3036082 Applied For Not Applicable \$8.75 Additional Country 11.54 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Register MUNSON, PETER Street Address (P.O. Box Number is Not Acceptable) 500 S. FLA. AVENUE **SUITE 240** LAKELAND, FL 33801 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. I am familiar with, and accept the obligations of registered agent. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Recestered Agent experture required when recestant) 9. Election Campaign Financing Make check payable to Filing Fee is \$61.25 \$5.00 May Be Florida Department of State Due by May 1, 2005 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 10. TITLE ☐ Delete HART, JOHN BRIGHAM NAME MARAG Clearwater DR. STREET AODRESS 500 S. FLORIDA AVE., 4TH FLOOR STREET ADDRESS CITY-ST-ZP LAKELAND, FL 33801 CITY-ST-ZIP ☐ Addition TITLE Delete TITLE HART, LITA G NAME NAME STREET ADDRESS 500 S. FLORIDA AVE., 4TH FLOOR STREET ADDRESS LAKELAND, FL 33801 CITY-ST-7IP CITY-ST-719 Addition MLE Oelete TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TILE ☐ Delete TITLE Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-71P CTTY-ST-ZIP ☐ Change TITE F Delete Addition TITE F NAME NAME STREET ADDRESS STREET ADORESS 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 received 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



FILED

Mar 01, 2005 8:00 am