

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90120 018 *****61.25

DOCUMENT # N42244

1. Entity Name
GOOD NEWS CHURCH, INC.



Principal Place of Business
1357 WILDWOOD DR
ST AUGUSTINE, FL 32086 US

Mailing Address
1357 WILDWOOD DR
ST AUGUSTINE, FL 32086 US



01182006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
59-3058664

Applied For
Not Applicable

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

6. Name and Address of Current Registered Agent

~~SELLERS, JAMIE~~ LAKE, LARRY
~~208 ARGONAUT RD~~ 4601 ONION CREEK CT
~~SAINT AUGUSTINE, FL 32086~~ ELKTON, FL 32033

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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 May 1, 2006

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

| | |
|----------------|---------------------------|
| TITLE | D |
| NAME | BAUCUM, WARREN W |
| STREET ADDRESS | 253 FIDDLERS POINT DR |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32080 |
| TITLE | D |
| NAME | PURTILL, EDWARD |
| STREET ADDRESS | 377 JASMINE RD. |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32086 |
| TITLE | DS |
| NAME | HOWELL, DAVID |
| STREET ADDRESS | 5537 ATLANTIC VIEW |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32080 |
| TITLE | DT |
| NAME | LEMONS, JANET |
| STREET ADDRESS | 9237 JULY LANE |
| CITY-ST-ZIP | ST. AUGUSTINE, FL 32080 |
| TITLE | DP |
| NAME | SOUD, KENNETH |
| STREET ADDRESS | 20 DUNE ST |
| CITY-ST-ZIP | SAINT AUGUSTINE, FL 32080 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: Janet D. Lemons
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-18-06

Date

(904) 819-0064

Daytime Phone #