

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N42244

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: GOOD NEWS CHURCH, INC.

## Current Principal Place of Business:

1357 WILDWOOD DR  
ST AUGUSTINE, FL 32086 US

## New Principal Place of Business:

## Current Mailing Address:

1357 WILDWOOD DR  
ST AUGUSTINE, FL 32086 US

## New Mailing Address:

FEI Number: 59-3058664

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

## Name and Address of Current Registered Agent:

AVCREMANN, DAVID M  
353 VALVERDE LANE  
SAINT AUGUSTINE, FL 32086 US

## Name and Address of New Registered Agent:

MONETTE, MICHAEL T  
325 OCEAN FOREST DRIVE  
SAINT AUGUSTINE, FL 32080 US

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: MICHAEL T MONETTE

02/24/2009

Electronic Signature of Registered Agent

Date

## OFFICERS AND DIRECTORS:

Title: DS ( ) Delete  
Name: BAUCUM, WARREN W  
Address: 253 FIDDLERS POINT DR  
City-St-Zip: SAINT AUGUSTINE, FL 32080

Title: D ( ) Delete  
Name: PURTILL, EDWARD  
Address: 377 JASMINE RD.  
City-St-Zip: SAINT AUGUSTINE, FL 32086

Title: DP ( ) Delete  
Name: HOWELL, DAVID  
Address: 5537 ATLANTIC VIEW  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: DT ( ) Delete  
Name: LEMONS, JANET  
Address: 9237 JULY LANE  
City-St-Zip: ST. AUGUSTINE, FL 32080

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: D ( ) Change (X) Addition  
Name: MONETTE, MICHAEL T  
Address: 325 OCEAN FOREST DRIVE  
City-St-Zip: ST. AUGUSTINE, FL 32080

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: MICHAEL T MONETTE

D

02/24/2009

Electronic Signature of Signing Officer or Director

Date