

**2007 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**May 03, 2007 08:00 A**  
**Secretary of State**

**DOCUMENT # N43845**

1. Entity Name  
**GOOD NEWS OF JESUS CHRIST FELLOWSHIP CHURCH  
OF FORT MYERS, INC.**



Principal Place of Business  
**% JOHN LEDBETTER JR  
3640 MARION ST  
FT MYERS, FL 33916-1708**

Mailing Address  
**% JOHN LEDBETTER JR  
3640 MARION ST  
FT MYERS, FL 33916-1708**



04292007 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>65-0236588</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	

**6. Name and Address of Current Registered Agent**

**LEDBETTER JR, JOHN  
3640 MARION ST  
FT MYERS, FL 33919**

**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 May 1, 2007**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

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

000000780924  
05/25/07-80034-017 61.25

**10. OFFICERS AND DIRECTORS**

TITLE	PD
NAME	LEDBETTER, JOHN JR
STREET ADDRESS	3640 MARION ST
CITY-ST-ZIP	FT MYERS, FL

TITLE	VD
NAME	LEDBETTER, NORRIS D.
STREET ADDRESS	3640 MARION ST.
CITY-ST-ZIP	FT MYERS, FL

TITLE	SD
NAME	HARRIS, CHYANNE
STREET ADDRESS	3640 MARION ST
CITY-ST-ZIP	FORT MYERS, FL 33916

TITLE	TD
NAME	LEDBETTER, MARGARET
STREET ADDRESS	3640 MARION ST
CITY-ST-ZIP	FT MYERS, FL

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
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:** \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-07 239-694-1949  
Date Daytime Phone