FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400003012 (1)

GOOD NEWS MISSION, INC.

FILED Apr 28 1997 8:00am Secretary of State

GOOD	APAR MICOLOM, MC.						
Principal Place	of Business	Mailing Address				- 	8811 80111 8 8880 UIIN 00181 UINTA 1181 1801
1225 9TH AVE NORTH SEMINOLE FL 33705		8536 120TH ST NORTH SEMINOLE FL 33772-3949					
						3. Date Incorporated or Qualified 06/15/1994	3a. Date of Last Report 03/21/1996
2. Principal Pia 21	ace of Business	2a. Mailini 26	g Address			4. FEI Number 59-3246168	Applied For Not Applicable
Suite, Apt. #, etc. 27			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & 28	State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country 25	Zip 29	30	Countr	у	This corporation has liability for in Florida Statutes	
	9. Name and Address of Currer			1		10. Name and Address of New Re	
	, LYNN A TH STREET NORTH E FL 34842			81 82 83 84	Street Addre	onge M. Brooks ass (P.O. Box Number is Not Acceptate by 2017 St. Not	FL 85 Zio Code 23772
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am fapilitar with, and accept the obligations of Section 617.0503, Florida Statutes. SIGNATURE Signature, lyped or pryclind letine of registered agent and talle if applicable (NOTE: Registered Agent signature required when reinstating) DATE							
12.	_ _ _	ID DIRECTORS	The section is a section in the sect	13.		ADDITIONS/CHANGES TO OFFIC	
TITLE	PTR		☐ DELETE	1.1 TITLE	ľ		Change Addition
NAME	BROOKS, LYNN A			1.2 NAME			
STREET ADDRESS	8536 120TH ST., N			1.3 STREE	ET ADDRESS		
CITY+ST-ZIP	SEMINOLE FL 34642			1.4 CITY-			0
TITLE	VPTR		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	BROOKS, GEORGE			2.2 NAME	1		
STREET ADDRESS	8536 120TH ST., N			l.	ET ADDRESS		
CITY-ST-ZIP	SEMINOLE FL 34642		DELETE	2.4 CITY 3.1 THILE	 		Change Addition
TITLE	STR Zuarych, Sharon 2V	MRYCH	C DECEME				Change Transition
NAME STREET ADDRESS	5575 97TH WAY N.	AICION		3.2 NAME	ET ADDRESS		
	ST. PETE FL 33708						
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITLE			Change Addition
NAME		ARYCH;	ADRIAN	4. 2 NAM	i		
STREET ADDRESS	ZUDRYCH, ADRAIN ZVF 5575 97TH WAY N.	1121 1	יינוייוטויי		ET ADDRESS		
CITY-ST-ZIP	ST. PETE FL 33708			4.4 CITY-			
TITLE	01.161616.00700		DELETE	5.1 TITLE			Change Addition
NAME			 · · ·-	5.2 NAME	1		_ • • = • • • • • • • • • • • • • • • •
STREET ADDRESS					ET ADDRESS		
CITY-ST-ZIP				5.4 CITY			
TITLE			DELETE	6.1 TITLE			☐ Change ☐ Addition
NAME			= 	6.2 NAME	i		. •
STREET ADDRESS				1	ET ADDRESS		
CITY-ST-ZIP				6.4 CITY-			
	w certify that the information supplied	od with this fding	does not qualify f			Lin Section 119.07/3\(\)(i) Florida Statute	s. I further certify that the

14. I do 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 annual report or supplemental annual 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 12 or Block 13 If playing or on an attachment with an address.

Lening Broke Chille

4-15-97 8133991171