2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 15, 2007
Secretary of State

DOCUMENT# N95000001692

Entity Name: GOOD NEWS MINISTRIES OF SOUTH FLORIDA, INC.

Current Principal Place of Business:

6945 NORTHWEST 5TH PLACE
MARGATE, FL 33063 US

New Principal Place of Business:

Current Mailing Address:

6945 NORTHWEST 5TH PLACE
MARGATE, FL 33063 US

New Mailing Address:

FEI Number: 65-0573325 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHWEISTHAL, JOHN M
6945 NORTHWEST 5TH PLACE
MARGATE, FL 33063 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	D	( ) Delete
Name:	SCHWEISTHAL, JOHN M	
Address:	6945 NORTHWEST 5TH PLACE	
City-St-Zip:	MARGATE, FL 33063	
Title:	D	( ) Delete
Name:	SCHWEISTHAL, SHARON	
Address:	6945 NORTHWEST 5TH PLACE	
City-St-Zip:	MARGATE, FL 33063	
Title:	D	(X) Delete
Name:	PEPLIN, EDWARD	
Address:	2457 LOB LOLLY LANE	
City-St-Zip:	DEERFIELD BEACH, FL 33442	
Title:	D	( ) Delete
Name:	O'BRIEN, ROBERT	
Address:	17614 SW 19TH STREET	
City-St-Zip:	MIRAMAR, FL 33029	

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:	

I hereby certify that the information supplied with this filing does not qualify for the 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: JOHN M. SCHWEISTHAL PRES 01/15/2007

Electronic Signature of Signing Officer or Director — Date