


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 08:00 AM
Secretary of State

DOCUMENT # N97000004596	
1. Entity Name GOOD NEWS EVANGELISM MINISTRIES, INC.	

Principal Place of Business 327 WEST 23RD STREET JACKSONVILLE, FL 32206	Mailing Address 327 WEST 23RD STREET JACKSONVILLE, FL 32206
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DO NOT WRITE IN THIS SPACE



04292008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-3477772	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent COLEMAN, DEBORAH H 327 WEST 23RD STREET JACKSONVILLE, FL 32206

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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000942839 05/29/08 80037-010 70.00
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP COLEMAN, DEBORAH H 327 WEST 23RD STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D JONES, RHONDA 327 WEST 23RD STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	STD WILSON, WANDA E 1312 W 28TH ST JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VPD COLEMAN, OTHA SR 327 WEST 23RD STREET JACKSONVILLE, FL 32206
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

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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: Deborah H. Coleman 4/29/08 (904) 881-7773

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #