

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000005752

1. Corporation Name

THE GOOD NEWS DOCTOR, INC.

Principal Place of Business

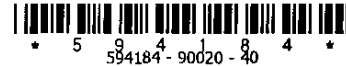
730 EMERSON DRIVE NE
PALM BAY FL 32907

Mailing Address

730 EMERSON DRIVE NE
PALM BAY FL 32907

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90003 015 ****70.00



2. Principal Place of Business 1 1663 GEORGIA ST. Suite, Apt. #, etc. 2 # 700 City & State 3 PALM BAY FL Zip 4 32907 Country 25 USA		2a. Mailing Address 26 1663 GEORGIA ST. Suite, Apt. #, etc. 27 # 700 City & State 28 PALM BAY FL Zip 29 32907 Country 30 USA		3. Date Incorporated or Qualified 10/10/1997	
		4. FEI Number 59-3473087		Applied For Not Applicable	
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent

KANCILIA, JOHN R ESQ
1686 WEST HIBISCUS BLVD
MELBOURNE FL 32901

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADSTREET, JAMES J MD	1.2 NAME	
STREET ADDRESS	730 EMERSON DRIVE NE	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM BAY FL 32907	1.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEKKER, HENRY	2.2 NAME	
STREET ADDRESS	1260 HOLLOW BROOK LANE	2.3 STREET ADDRESS	
CITY-STATE-ZIP	MALABAR FL 32950	2.4 CITY-STATE-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KUNNATH, WILLIAM	3.2 NAME	
STREET ADDRESS	PO BOX 439 N/A	3.3 STREET ADDRESS	
CITY-STATE-ZIP	PALM CITY FL 34990-0439	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

4. I 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 changed, or on attachment with an address, with an other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (599)