SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000004684

1. Corporation Name

GOOD NEWS UNITED METHODIST CHURCH, INC.

Principal Place of Business

2. Principal Place of Business

4747 HWY 98 West

504 COVE CIR. NICEVILLE FL 32578 Mailing Address

P.O. BOX 1540

2a. Mailing Address

Suite, Apt. #, etc.

26

SANTA ROSA BEACH FL 32459

FILED Jul 20, 1999 8:00 am Secretary of State

07-20-1999 90019 018 ****61.25

* 5 581662¹- 90619 - 6e 2 *



Applied For

3. Date incorporated or Qualifed 08/11/1998

4. FEI Number

22		27			·	59-3401636		Not Applicable	
City & State City & State			State				\$8.7	5 Additional	
	Rosa Beach FL	28				5. Certifcate of Status Desired	Fee	Required	
Zip	Country	Zip		Country		6. Election Campaign Financing	\$5.0	00 May Be	
24 3245	79 [25] USA	29	30	1		Trust Fund Contribution	1 1	ed to Fees	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent				
				81	Name				
RUNNELS, DAVAGE J III					Ctroot Addre	ess (P.O. Box Number is Not Accep	table)		
36468 EMERALD COAST PARKWAY				82	Street Addre	SS (F.O. BOX Number is NOT Accep	abie,		
BUILDING 2, STE. 2201									
DESTIN FL 32541					as 7in Codo				
DESTINATE SZSAT				84 City FL 85 Zip Code					
11 Dumuent 1	to the provisions of Sections 617.0502	and 617 1508	Florida Statutes	the above	-named como	pration submits this statement for the	purpose of changing	its registered	
office or re	egistered agent, or both, in the State of	f Florida. Such	change was author	onzed by	tne corporatio	n's board of directors. I hereby acce	pt the appointment as	registered	
agent. I ar	n familiar with, and accept the obligation	ons of, Section	617.0503, Florida	statutes.					
SIGNATURE	Signature, typed or printed name of registered agent	and title if englished	/NOTE: Pag	nistered Agen	t signature required	when reinstating)	DATE		
12.	Signature, typed or printed name or registered agent		, (NOTE, Neg	13.	g., 3 , 040/100	ADDITIONS/CHANGES TO O		TORS IN 12	
TITLE	DST		DELETE	1.1 TITLE	DS		Chang		
NAME	SMITH, JAYNE			1.2 NAME		•			
··	139 LIVE OAK ST.			1.3 STREET	ADDRESS 17	DICK SALTSMAN,	Kd.		
STREET ADDRESS	SEAGROVE FL 32459			1.4 CITY-51	710	NTA ROSA BEACH	F1 3245	9	
CITY-ST-ZIP TITLE	D		DELETE	2.1 TITLE	<u> </u>	1	Chan	ge	
	HONEYCUT, FREDRICK			2.7 NAME	J. 1	•		-	
NAME	7525 W. COUNTY HWY. 30-A			2.3 STREET	**************************************	w. Bradley ST.			
STREET ADDRESS	SANTA ROSA BEACH FL 32459	a· -		ł	T TIP	STIN FL 825	'V 1 .	*	
CITY-ST-ZIP	D	'	☐ DELETE	2.4 CITY-S 3.1 TITLE	D f		Chan	ge Addition	
TITLE	HUMPHREYS, ROBERT R		C pereir		זען	•	J.C.	,	
NAME -	•			3.2 NAME					
STREET ADDRESS	504 COVE CIR.			3.3 STREET	· · · · · · · · · · · · · · · · · · ·				
CITY-ST-ZIP	NICEVILLE FL' 32578		□ DELETE	3.4. CITY-S	T-ZIP		Chan	ge 🗆 Additior	
TITLE	D .		☐ DELETE	4.1 TITLE			A Citali		
NAME	DUGAS, LAURA			4, 2 NAME	26	w wadee Rd			
STREET ADDRESS	1460 BAYTOWNE AVE. E.			4.3 STREET	ADDRESS 5	m. Moure	! = !	1.0-0	
CITY-ST-ZIP	DESTIN FL 32541		D a m ====	4.4 CITY-S	-ZIP	w. Hodge Rd WHA ROSA BEACH) PL SEY	ge Addition	
TITLE	D		DELETE	5.1 TITLE			Chan	ãe ∏ Vacadaou	
NAME	WILLIAM, LANDRETH			5.2 NAME		5 EAStern ST.			
STREET ADDRESS	234 EASTERN ST.	5) 00 100			ADDRESS 2	S EMSTERN ON	170		
CITY-ST-ZIP	CHOCTAW BEACH FREEPORT	FL 324 <u>39</u>		5.4 CITY-\$1	-ZIP F	eeport FL 3			
τπιε			☐ DELETE	6.1 TTTLE			Chan	ge	
NAME				6.2 NAME					
STREET ADDRESS	• • •			6.3 STREET	ADDRESS				
CITY-ST-7IP	•			6.4 C/TY-S ³	-ZIP				

14. 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 open a statement with an address with all other like empowered.

SIGNATURE:

SICOLATURE DE OFFICER OF DIRECTOR

7/08/99

25/-5-760 Daytime Phone #

CR2F037 (5/99)