

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N98000004684

1. Entity Name

GOOD NEWS UNITED METHODIST CHURCH, INC.

FILED
Apr 13, 2000 8:00 am
Secretary of State

04-13-2000 90077 030 ****61.25

Principal Place of Business

Mailing Address

4747 HWY 98 WEST
SANTA ROSA BEACH FL 32459
US

P.O. BOX 1540
SANTA ROSA BEACH FL 32459-1540

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-3401636

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

RUNNELS, DAVAGE J III
36468 EMERALD COAST PARKWAY
BUILDING 2, STE. 2201
DESTIN FL 32541

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE DST
NAME SMITH, JAYNE ☒ Delete
STREET ADDRESS 133 DICK SALTSMAN RD
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE DST ☐ Change ☒ Addition
NAME Thomason, Lynne E.
STREET ADDRESS 4575 Nautical Court
CITY-ST-ZIP Destin, Florida 32541

TITLE DV ☐ Delete
NAME HONEYCUT, FREDRICK
STREET ADDRESS 50 W BRADLEY ST
CITY-ST-ZIP DESTIN FL 32541

TITLE DP ☒ Change ☐ Addition
NAME Honeycut, Fredrick
STREET ADDRESS 50 W. Bradley St.
CITY-ST-ZIP Destin, Florida 32541

TITLE DP ☒ Delete
NAME HUMPHREYS, ROBERT R
STREET ADDRESS 504 COVE CIR.
CITY-ST-ZIP NICEVILLE FL 32578

TITLE DV ☐ Change ☒ Addition
NAME Chandeysson, Bob
STREET ADDRESS 810 E. Hewett
CITY-ST-ZIP Santa Rosa Beach, FL-32459

TITLE D ☐ Delete
NAME DUGAS, LAURA
STREET ADDRESS 38 W HODGE RD
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME WILLIAM, LANDRETH
STREET ADDRESS 235 EASTERN ST
CITY-ST-ZIP FREEPORT FL 32439

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. 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 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:

Lynne E. Thomason
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-23-2000 (850)650-6170

Date Daytime Phone #

CR2E037 (9/99)