2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004684

FILED Mar 29, 2004 Secretary of State

Entity Name: GOOD NEWS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business: New Principal Place of Business: 4747 HWY 98 WEST SANTA ROSA BEACH, FL 32459 US **Current Mailing Address: New Mailing Address:** P.O. BOX 1540 SANTA ROSA BEACH, FL 32459 FEI Number: 59-3401636 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: RUNNELS, DAVAGE J III 36468 EMÉRALD COAST PARKWAY BUILDING 2, STE. 2201 DESTIN, FL 32541 US 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete () Change () Addition PLATT, PAULA Name: Name: 304 WILDENESS WAY Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: () Delete Title: (X) Change () Addition LANGILLE, CHRISTOPHER Name: LEWIS, WILLIAM Name: Address: 480 SUGAR DRIVE Address: 92 SOUTH BISHOP RD. SANTA ROSA BEACH, FL 32459 City-St-Zip: City-St-Zip: SANTA ROSA BEACH, FL 32459 Title: Title: () Change () Addition () Delete BUCK, FRED Name: Name: Address: 182 OLD BEACH ROAD Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: Title: DV () Delete Title: DV (X) Change () Addition Name: GLAZE, ROBERT Name: KING, JUDY 1220 DEERWOOD DRIVE 1 BEACHCLUB DRIVE #903 Address: Address: FREEPORT, FL 32439 City-St-Zip: City-St-Zip: DESTIN, FL 32550 Title: () Delete Title: (X) Change () Addition LEWIS, BILL CLAUSEN, RAY Name: Name: 92 SOUTH BISHOP RD 512 TOPSAIL BEACH BLVD. Address: Address: City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: DESTIN, FL 32550 Title: () Delete Title: () Change () Addition DUGAS, WAYNE Name: Name: Address: 38 W HODGE RD Address: SANTA ROSA BEACH, FL 32459 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: BILL LEWIS D/P 03/29/2004