2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004684

Apr 24, 2005 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:

Date

Electronic Signature of Registered Agent

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

() Delete PLATT, PAULA Name: 304 WILDENESS WAY Address:

City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete LEWIS, WILLIAM Name: Address: 92 SOUTH BISHOP RD. City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Delete BUCK, FRED Name: Address: 182 OLD BEACH ROAD City-St-Zip: SANTA ROSA BEACH, FL 32459

() Delete Title: DV

KING, JUDY Name: 1 BEACHCLUB DRIVE #903 Address: City-St-Zip: DESTIN, FL 32550

Title: () Delete CLAUSEN, RAY Name:

512 TOPSAIL BEACH BLVD. Address: City-St-Zip: DESTIN, FL 32550

Title: (X) Delete

DUGAS, WAYNE Name: Address: 38 W HODGE RD

SANTA ROSA BEACH, FL 32459 City-St-Zip:

(X) Change () Addition

STIFF, GIL Name:

Address: 250 VININGS WAY BLVD #2-208

City-St-Zip: DESTIN, FL 32541

Title: (X) Change () Addition WHITESIDE, CARLENE Name: Address:

219 WALTON ROSE LANE City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: (X) Change () Addition

SCHAUMANN, RICHARD Name: 289 WHITE HERON DR. Address:

City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: DT (X) Change () Addition

Name: BROWN, WAYNE Address: P.O. BOX 6027 City-St-Zip: DESTIN, FL 32550

Title: (X) Change () Addition

PERRY, LEE Name: 45 BAY MAGNOLIA Address:

City-St-Zip: SANTA ROSA BEACH, FL 32549

Title: () Change () Addition

Name: Address: 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: GIL STIFF DP 04/24/2005