2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004684

Apr 17, 2006 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 (X) Change () Addition

STIFF, GIL POLLOCK, DICK Name: Name:

250 VININGS WAY BLVD #2-208 Address: 227 SWEETWATER LANE Address: DESTIN, FL 32541 FREEPORT, FL 32439

City-St-Zip: City-St-Zip:

Title: DS () Delete Title: (X) Change () Addition WHITESIDE, CARLENE Name: CUCHENS, DIANE Name:

Address: 219 WALTON ROSE LANE Address: 1608 W. HWY, C-83A City-St-Zip: PANAMA CITY BEACH, FL 32413 City-St-Zip: FREEPORT, FL 32439

Title: () Delete Title: (X) Change () Addition

SCHAUMANN, RICHARD GWIN, CURTIS Name: Name: 289 WHITE HERON DR. 4 WEEKEWACHEE CIRCLE Address: Address:

City-St-Zip: SANTA ROSA BEACH, FL 32459 City-St-Zip: DESTIN, FL 32541

(X) Change () Addition Title: DT () Delete Title: Name: BROWN, WAYNE Name: LOFTON, WAYNE

P.O. BOX 6027 Address: Address: 414 SEABREEZE CIRCLE City-St-Zip: DESTIN, FL 32550 City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: () Delete Title: (X) Change () Addition

PERRY, LEE SINCLAIR, DON Name: Name:

45 BAY MAGNOLIA 567 PITTS BAYSHORE DR. Address: Address:

City-St-Zip: SANTA ROSA BEACH, FL 32549 City-St-Zip: FREEPORT, FL 32439

Title: () Delete Title: () Change (X) Addition

DALEN, LARS Name: Name: Address: Address: 1103 E. NURSERY RD.

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 Chapter 119, 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: DICK POLLOCK Ρ 04/17/2006