

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N98000004684

FILED
Jan 23, 2008
Secretary of State

Entity Name: GOOD NEWS UNITED METHODIST CHURCH, INC.

Current Principal Place of Business:

4747 HWY 98 WEST
SANTA ROSA BEACH, FL 32459 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-3401636

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

COX, ROGER H
4747 HIGHWAY 98 WEST
SANTA ROSA BEACH, FL 32459 US

Name and Address of New Registered Agent:

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:

Title: DP () Delete
Name: POLLOCK, DICK
Address: 227 SWEETWATER LANE
City-St-Zip: FREEPORT, FL 32439

Title: DT () Delete
Name: SINCLAIR, DON
Address: 567 PITTS BAYSHORE DRIVE
City-St-Zip: FREEPORT, FL 32439

Title: D () Delete
Name: GWIN, CURTIS
Address: 4 WEEKEWACHEE CIRCLE
City-St-Zip: DESTIN, FL 32541

Title: D () Delete
Name: LOFTON, WAYNE
Address: 414 SEABREEZE CIRCLE
City-St-Zip: PANAMA CITY BEACH, FL 32413

Title: D (X) Delete
Name: KIEF, DUAINE
Address: 1799 W. HEWITT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: KIEF, DUAINE
Address: 1799 W. HEWITT ROAD
City-St-Zip: SANTA ROSA BEACH, FL 32459

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: POLLOCK, DICK
Address: 227 SWEETWATER LANE
City-St-Zip: FREEPORT, FL 32439

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: /ROGER H. COX/

ADM

01/23/2008

Electronic Signature of Signing Officer or Director

Date