

# 2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 05, 2003 8:00 am**  
**Secretary of State**

05-05-2003 90304 005 \*\*\*\*61.25

**DOCUMENT # N98000004684**

1. Entity Name

**GOOD NEWS UNITED METHODIST CHURCH, INC.**



Principal Place of Business  
**4747 HWY 98 WEST  
SANTA ROSA BEACH FL 32459  
US**

Mailing Address  
**P.O. BOX 1540  
SANTA ROSA BEACH FL 32459**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **59-3401636**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

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  
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	<b>DST</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>THOMASON, LYNNE E</b>	
STREET ADDRESS	<b>4575 NAUTICAL COURT</b>	
CITY-ST-ZIP	<b>DESTIN FL 32541</b>	
TITLE	<b>DP</b>	<input type="checkbox"/> Delete
NAME	<b>LANGILLE, CHRISTOPHER</b>	
STREET ADDRESS	<b>480 SUGAR DRIVE</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>CHANDEYSSON, BOB</b>	
STREET ADDRESS	<b>810 E HEWETT</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>GLAZE, ROBERT</b>	
STREET ADDRESS	<b>1220 DEERWOOD DRIVE</b>	
CITY-ST-ZIP	<b>FREEMPORT FL 32439</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> Delete
NAME	<b>WILLIAM, LANDRETH</b>	
STREET ADDRESS	<b>235 EASTERN ST</b>	
CITY-ST-ZIP	<b>FREEMPORT FL 32439</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>DUGAS, WAYNE</b>	
STREET ADDRESS	<b>38 W HODGE RD</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH FL 32459</b>	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b><del>PAULA PLATT</del> PLATT, PAULA</b>	
STREET ADDRESS	<b>304 WILDERNESS WAY</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>	
TITLE	<b>DST</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b><del>JUDY KING</del> KING, JUDY</b>	
STREET ADDRESS	<b>1 BEACH CLUB DRIVE</b>	
CITY-ST-ZIP	<b>DESTIN, FL 32550</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b><del>FRED BUCK</del> BUCK, FRED</b>	
STREET ADDRESS	<b>182 OLD BEACH ROAD</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>	
TITLE	<b>DV</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GLAZE, BOB</b>	
STREET ADDRESS	<b>1220 DEERWOOD DR</b>	
CITY-ST-ZIP	<b>FREEMPORT, FL 32439</b>	
TITLE	<b><del>LEWIS, BILL</del> D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>LEWIS, BILL</b>	
STREET ADDRESS	<b>92 South Bishop RD.</b>	
CITY-ST-ZIP	<b>SANTA ROSA BEACH, FL 32459</b>	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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:

**CHRISTOPHER LANGILLE, CHAIRMAN** 4/26/03 850 267-8100

CR2E037 (10/02)