


GOOD NEWS BAPTIST CHURCH OF PINE MANOR, INC.  
ANNUAL REPORT

**FILED**  
**Apr 26, 2004 8:00 am**  
**Secretary of State**

04-26-2004 91006 049 \*\*\*\*61.25

<b>DOCUMENT # N99000000576</b>					
1. Entity Name GOOD NEWS BAPTIST CHURCH OF PINE MANOR, INC.					
Principal Place of Business 1650 OAK DRIVE FORT MYERS, FL 33907			Mailing Address 1650 OAK DRIVE FORT MYERS, FL 33907		
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 65-088542	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
FROSTMAN, RONALD G 1650 OAK DRIVE FORT MYERS, FL 33907				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	



04212004 Chg-NP CR2E037 (10/03)

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

Filing Fee is \$61.25 Due by May 1, 2004

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			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	MD	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FROSTMAN, RONALD G		NAME		
STREET ADDRESS	2360 IVY AVENUE		STREET ADDRESS		
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP		
TITLE	SD	<input checked="" type="checkbox"/> Delete	TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCGRIFF, THERESA		NAME	NORMA BANKS	
STREET ADDRESS	1543 MAPLE DRIVE		STREET ADDRESS	5641 SEVENTH AVE	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	TD	<input checked="" type="checkbox"/> Delete	TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MCCLLENITHAN, PAUL		NAME	LEVI ROSS	
STREET ADDRESS	416 RUSHMOR AVE S.		STREET ADDRESS	5436 SECOND AVE	
CITY-ST-ZIP	LEHIGH ACRES, FL 33936		CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE	VMD	<input checked="" type="checkbox"/> Delete	TITLE	VMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KEMP, IDA MAE		NAME	DORIS BLOTTNER	
STREET ADDRESS	4715 DUERAMAE DRIVE		STREET ADDRESS	4309 MARINER WAY APT. 304	
CITY-ST-ZIP	FORT MYERS, FL 33908		CITY-ST-ZIP	FT. MYERS FL 33909	
TITLE	VMD	<input checked="" type="checkbox"/> Delete	TITLE	VMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KILGUS, ROBERT		NAME	CLARA FROSTMAN	
STREET ADDRESS	5821 VANCOUVER CIRCLE		STREET ADDRESS	2360 IVY AVE	
CITY-ST-ZIP	FORT MYERS, FL 33907		CITY-ST-ZIP	FT. MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: Ronald G. Frostman **RONALD G. FROSTMAN**

Date: 4-21-04 Daytime Phone #: (239) 418-1143