

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000576

FILED
Apr 25, 2005
Secretary of State

Entity Name: GOOD NEWS BAPTIST CHURCH OF PINE MANOR, INC.

Current Principal Place of Business:

1650 OAK DRIVE
FORT MYERS, FL 33907

New Principal Place of Business:

Current Mailing Address:

1650 OAK DRIVE
FORT MYERS, FL 33907

New Mailing Address:

FEI Number: 65-0885542

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FROSTMAN, RONALD G
1650 OAK DRIVE
FORT MYERS, FL 33907 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: MD () Delete
Name: FROSTMAN, RONALD G
Address: 2360 IVY AVENUE
City-St-Zip: FORT MYERS, FL 33907

Title: TD () Delete
Name: ROSS, LEVI
Address: 5436 SECOND AVE
City-St-Zip: FT. MYERS, FL 33907

Title: VMD () Delete
Name: BLATTNER, DORIS
Address: 4309 MARINER WAY APT. 304
City-St-Zip: FT. MYERS, FL 33919

Title: VMD () Delete
Name: FROSTMAN, CLARA
Address: 2360 IVY AVE
City-St-Zip: FT. MYERS, FL 33907

Title: SD () Delete
Name: BANKS, NORMA
Address: 5641 SEVENTH AVE
City-St-Zip: F.T MYERS, FL 33907

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: SD (X) Change () Addition
Name: BLATTNER, DORIS
Address: 4309 MARINER WAY APT. 304
City-St-Zip: FT. MYERS, FL 33919

Title: VMD (X) Change () Addition
Name: NELSON, ANNIE
Address: 5628 TENTH AVENUE
City-St-Zip: FT. MYERS, FL 33907

Title: VMD (X) Change () Addition
Name: BOHANON, JAMES
Address: 1408 SANTA BARBRA PLACE
City-St-Zip: CAPE CORAL, FL 33991

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: RONALD G. FROSTMAN

MD

04/25/2005

Electronic Signature of Signing Officer or Director

Date