

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000000576

FILED  
Apr 17, 2008  
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 US

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

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

Title: VMD ( ) Delete  
Name: NELSON, ANNIE  
Address: 5617 NINTH AVE  
City-St-Zip: FT. MYERS, FL 33907 US

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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

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

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: RONALD G. FROSTMAN

MD

04/17/2008

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date