


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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90032 015 ****61.25

DOCUMENT # N99000000576

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



Principal Place of Business Mailing Address
1650 OAK DRIVE **1650 OAK DRIVE**
FORT MYERS FL 33907 **FORT MYERS FL 33907**

11026386



CHECK HERE IF MAKING CHANGES

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 **65-0885542** Applied For
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

FROSTMAN, RONALD G
1650 OAK DRIVE
FORT MYERS FL 33907

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 _____ (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	MD	<input type="checkbox"/> Delete
NAME	FROSTMAN, RONALD G	
STREET ADDRESS	2360 IVY AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	CD	<input checked="" type="checkbox"/> Delete
NAME	FROSTMAN, CLARA I	
STREET ADDRESS	2360 IVY AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	KILGUS, ROBERT	
STREET ADDRESS	19087 PINE RUN LANE	
CITY-ST-ZIP	FORT MYERS FL 33912	
TITLE	VMD	<input checked="" type="checkbox"/> Delete
NAME	ROBINSON, KATHLEEN	
STREET ADDRESS	10301 FOREST KNOLL CT.	
CITY-ST-ZIP	FORT MYERS FL 33908	
TITLE	VMD	<input checked="" type="checkbox"/> Delete
NAME	DUKES, SANDRA	
STREET ADDRESS	5532 TENTH AVE	
CITY-ST-ZIP	FORT MYERS FL 33907	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McGriff, TERESA	
STREET ADDRESS	1543 Maple Drive	
CITY-ST-ZIP	Fort Myers, FL 33907	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	McClenithan, Paul	
STREET ADDRESS	416 Rushmore Avenue South	
CITY-ST-ZIP	Lehigh Acres, FL 33936	
TITLE	VMD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Ida Mae Kemp, Ida Mae	
STREET ADDRESS	4715 Duerrmoe Drive	
CITY-ST-ZIP	Fort Myers, FL 33908	
TITLE	VMD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Kilgus, Robert	
STREET ADDRESS	5821 Vancouver Circle	
CITY-ST-ZIP	Fort Myers, FL 33907	
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: *[Signature]* **SIGNATURE REQUIRED** **Ronald G Frostman** **4/24/03** **(239)** **4/8-1143**

CR2E037 (10/02)