

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N99000001823

1. Entity Name

GOOD NEWS MINISTRIES, INC.

FILED
Jul 20, 2000 8:00 am
Secretary of State

07-20-2000 90025 001 ****70.00

Principal Place of Business

2223 GINGER WAY
LAKELAND FL 33801

Mailing Address

2223 GINGER WAY
LAKELAND FL 33801

2. Principal Place of Business

NEW LIFE ASSEMBLY OF GOD

Suite, Apt. #, etc.

8250 US98 NORTH

City & State

LAKELAND, FLORIDA

Zip

33809

Country

U.S.A

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

59 3568380

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

STIRK, GARY
2223 GINGER WAY
LAKELAND FL 33801

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.

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

After September 13, 2000 min. will be \$236.25

9. Election Campaign Financing
Trust Fund Contribution.



\$5.00 May Be
Added to Fees

**Make Check Payable to
Department of State**

10. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> Delete
NAME	STIRK, GARY	
STREET ADDRESS	2223 GINGER WAY	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	STIRK, MARTHA	
STREET ADDRESS	2223 GINGER WAY	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE	D	<input type="checkbox"/> Delete
NAME	DUMAS, SARAH	
STREET ADDRESS	1234 REYNOLDS RD.	
CITY-ST-ZIP	LAKELAND FL 33801	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
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STREET ADDRESS		
CITY-ST-ZIP		
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 REQUIRED
STIRK

7-15-00

Date

863-644-5558

Daytime Phone #

CR2E037 (5/00)