


**2004 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # N99000005009 1. Entity Name GOOD NEWS CHRISTIAN MINISTRIES CORP.	
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Principal Place of Business 1004 OLD BAINBRIDGE RD TALLAHASSEE, FL 32303	Mailing Address 5860 CHARLIE & JANNIE TERRACE TALLAHASSEE, FL 32312
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DO NOT WRITE IN THIS SPACE

FILED
04 FEB 20 AM 8:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



02202004 No Chg-NP CR2E037 (10/03)

4. FEI Number 59-3601866	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**CAMPFIELD, HENRY
5860 CHARLIE & JANNIE TERRACE
TALLAHASSEE, FL 32312**

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IN THIS SPACE**

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 _____
Signature, typed or printed name of registered agent and title if applicable.

Filing Fee Is \$61.25 Due by May 1, 2004	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000029363530 03/05/04--01067--006 **70.00
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CAMPFIELD, HENRY 5860 CHARLIE & JANNIE TERRACE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS CAMPFIELD, ELOGIA 5860 CHARLIE & JANNIE TERRACE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KENION, ANTHONY 718 ROLLINS ST TALLAHASSEE, FL 32303
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CAMPFIELD, SOPHIE 5860 CHARLIE & JANNIE TERRACE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HARRIS, BERNICE 5860 CHARLIE & JANNIE TERRACE TALLAHASSEE, FL 32312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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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: Henry Campfield **2/20/04** **850-8934054**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #