2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N99000005009

FILED Apr 07, 2009 Secretary of State

Entity Name: GOOD NEWS CHRISTIAN MINISTRIES CORP.

Oursel Britainal Black of Business			New Principal Place of Puginess			
Current Principal Place of Business:			new P	New Principal Place of Business:		
	ER OAK DR SSEE, FL 323	301				
Current Mailing Address:			New Mailing Address:			
	RLIE & JANN SSEE, FL 323	IIE TERRACE 312				
FEI Number:	: 59-3601866	FEI Number Applied For ()	FEI Number Not	Applicable ()	Certificate of Status Desired ()	
Name and	Address of	Current Registered Agent:	Name a	and Address	of New Registered Agent:	
5860 CHAI	LD, HENRY RLIE & JANN SSEE, FL 323	IIE TERRACE 312 US				
	named entity of Florida.	submits this statement for the p	urpose of changi	ng its registere	ed office or registered agent, or both,	
SIGNATUF	RE:					
	Electro	nic Signature of Registered Age	ent		Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS		
Title: Name: Address: City-St-Zip:	CAMPFIELD,	E & JANNIE TERRACE	Title: Name: Address: City-St-Z		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	CAMPFIELD,	E & JANNIE TERRACE	Title: Name: Address: City-St-Z		() Change () Addition	
Fitle: Name: Address: City-St-Zip:	T (KENION, ANTI 718 ROLLINS TALLAHASSE	ST	Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	CAMPFIELD,	E & JANNIE TERRACE	Title: Name: Address: City-St-Z		() Change () Addition	
Title: Name: Address: City-St-Zip:	HARRIS, BER	E & JANNIE TERRACE	Title: Name: Address: City-St-Z		() Change () Addition	

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: HENRY CAMPFIELD D 04/07/2009