SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P93000047541 (6) DOCUMENT #

THE GOOD NEWS ACADEMY, INC.

FILED Aug 26 1997 8:00am Secretary of State



| Principal Place of Business 675 W MINNESOTA AVE ORANGE CITY FL 32763 | | Mailing Address 675 W MINNESOTA AVE | | | | r cantrant arn rardd arrer anter maint maint affet 1960 Sifet 61001 (166) | | | | |
|--|--|---|---------------------------------------|---------------|--|---|------------|-----------------|----------------|--|
| | | | | | | | | | | |
| ORANGE CITY | Y FL 32763 | ORANGE CITY FL 32763 | | | | DO NOT HIDITE | IN THE OF | 200 | | |
| | | | | | | DO NOT WRITE 3. Date Incorporated or Qualified | 3a. Date | | Report | |
| | | | | | | 07/01/1993 | | 2/199 | • | |
| 2. Principal P | lace of Business | 2a. Mailing Address | | | | 4. FEI Number | 1 | | Applied For | |
| 21 | | 26 | | | 59-3194160 | | - | Not Applicable | | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | | | 5. Certificate of Status Desired | | | Additional | |
| City & State | | City & State | | | 5. Common of Change 200, 100 | | | Required | | |
| 23 | | City & State | | | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees | | | | | |
| Zip | Country | Zip | Col | untry | | Trust Fund Contribution 8. This corporation owes or has pai | | | | |
| 24 | 25 | | 30 | | | Personal Property Tax due June | | | No No | |
| | 9. Name and Address of Curren | | · · · · · · · · · · · · · · · · · · · | Ι | | 10. Name and Address of New Reg | | | | |
| | 'MAN, RANDALL J | | | 81 | Name | | | | | |
| | W MINNESOTA AVE | | | 82 | Street Add | ress (P.O. Box Number is Not Acceptab | e) | | | |
| OR | ANGE CITY FL 32763 | | | | | | | | | |
| | | | | 63 | | | | | | |
| | | | | 84 | City | | FI | 85 Zip | o Code | |
| 11, Pursuant | to the provisions of Sections 607.050: | 2 and 607.1508, Florida Statute | s, the a | bove | named corp | poration submits this statement for the polion's board of directors. I hereby accep | | hanging | its registered | |
| office or re agent. I a | egistered agent, or both, in the State m familiar with, and accept the obliga | of Florida. Such change was a ations of, Section 607.0505, Flo | uthorize rida Stal | d by lutes | the corporal | lion's board of directors. I hereby accep | the appoin | ntment a | is registered | |
| SIGNATURE | | | | | | | | | | |
| 12. | Signature, typod or printed name of registered age: OFFICERS AND | | : Registere | d Age | nl signature requi | red when reinstaling) | DATE | | | |
| TITLE | P | DELETE | 1.1 TITLE | | | ADDITIONS/CHANGES TO OFFIC | | Change | | |
| NAME | WYMAN, RANDALL J. | | 1.2 N | | | | _ | _ onungo | - LI AUGILION | |
| STREET ADDRESS | 675 W MINNESOTA AVE | | 1 | | ADDRESS | | | | | |
| CITY-ST-ZIP | ORANGE CITY FL | | 1.4 0 | IY-SI | 1 - 71P | | | | | |
| TITLE | 8 | ☐ DELETE | 2.1 1 | TLE | | | | Change | Addition | |
| NAME | WYMAN, CHERYL L | | 2.2 N/ | AME | | | | | | |
| STREET ADDRESS | 675 W MINNESOTA AVE | | 2.3 \$1 | TREET | ADDRESS | | | | | |
| CITY-ST-ZIP | ORANGE CITY FL | [] pertre | - | ITY-S | T-ZIP | | | 1 | | |
| TITLE NAME | | ☐ DELETE | 3.1 7(| | | | L |] Change | Addition | |
| STREET ADDRESS | | | 3.2 N/ | | ADDDECC | | | | | |
| CITY-ST-ZIP | | | i i | INEET I | ADDRESS | | | | | |
| TITLE | | DELETE | 4.1 TI | | 1-20 | | | Change | Addition | |
| .NAME | | | 4.2 N | | | | _ | | | |
| STREET ADDRESS | | | 4.3 \$1 | rreet i | ADDRESS | | | | | |
| CITY-ST-ZIP | | | 4.4 CI | TY-ST | - ZIP | | | | | |
| TITLE | | ☐ DELETE | 5.1 Til | TLE | | | | Change | ☐ Addition | |
| NAME | | | 5.2 NA | | İ | | | | | |
| STREET ADDRESS | | | | | ADDRESS | | | | | |
| CITY-ST-ZIP TITLE | | DELETE | 5.4 CI | | - ZIP | | | 1 01 | | |
| NAME | | רו הנינוג | 6.1 TI | | | | L |] Change | Addition | |
| STREET ADDRESS | | | 6.2 NA | | 1000000 | | | | | |
| OTUCCI VIDINE 22 | | | 6.3 SI | HEET / | ADDRESS | | | | | |

14. I do 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 annual report or supplemental annual 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attackment with an address.