

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

MAY -1 AM 9:25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N12624

(5)

1. Corporation Name:

GOOD TIDINGS TRUST, INC.

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/18/1985	3a. Date of Last Report 05/27/1994
4. FEI Number 59-2623095	Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032. Florida Statutes ☐ Yes ☐ No	

Principal Place of Business		Mailing Address	
2500 RUSSELL RD C209 GREEN COVE SPRINGS FL 32043-9492 US		2500 RUSSELL RD C209 GREEN COVE SPRINGS FL 32043-9492 US	
2. Principal Place of Business	2a. Mailing Address	21. Suite, Apt. #, etc	26. Suite, Apt. #, etc
22. City & State	27. City & State	23. Zip	28. Zip
24. Country	25. Country	29. Country	30. Country

9. Name and Address of Current Registered Agent

WEER, DICK
2500 RUSSELL RD C209
ORANGE PARK FL 32043

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____
Signature: Typed or printed name of registered agent and the filer (Signature of Registered Agent required when reappointing) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	11 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	12 NAME	
CITY, ST, ZIP		13 STREET ADDRESS	
		14 CITY, ST, ZIP	
TITLE	NAME	21 TITLE	☒ Change ☐ Addition
NAME	STREET ADDRESS	22 NAME	
CITY, ST, ZIP		23 STREET ADDRESS	
		24 CITY, ST, ZIP	
TITLE	NAME	31 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32 NAME	
CITY, ST, ZIP		33 STREET ADDRESS	
		34 CITY, ST, ZIP	
TITLE	NAME	41 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42 NAME	
CITY, ST, ZIP		43 STREET ADDRESS	
		44 CITY, ST, ZIP	
TITLE	NAME	51 TITLE	☒ Change ☐ Addition
NAME	STREET ADDRESS	52 NAME	
CITY, ST, ZIP		53 STREET ADDRESS	
		54 CITY, ST, ZIP	
TITLE	NAME	61 TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62 NAME	
CITY, ST, ZIP		63 STREET ADDRESS	
		64 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **Dick Weer** 4-28-95 904-284-1111
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR