## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N12624

(5)

Mailing Address

GOOD TIDINGS TRUST, INC.

FILED Apr 30, 1996 08:00 AM Secretary of State

2500 Russell RD <del>0200-</del> Green Cove Springs FL 32043-9492 US			2500 Russell RD <del>0000</del> Green Cove Springs FL 32043-9492 Us				2 5 1	O -18'1	100 000		~	
							<ol> <li>Date Incorporated</li> <li>12/18/198</li> </ol>	3a. Date of Last Report 05/01/1995				
2. Principal Place of Business 2a 21 26			a. Mailing Address Delete the C-209"				4. FEI Number 59-262308	)5	•		Applied For	
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Statu		×	<del>. ' +</del>	Not Applicable Additional	
City & State			City & State						<u> </u>		Required	
23		28	y o State				<ol><li>Election Campaign Trust Fund Contrit</li></ol>	•			May Be d to Fees	
Zip <b>24</b>	Country 25	29.	)	Cou	ntry		8. This corporation h				199.032,	
24	9. Name and Address of Curre		ed Agent	30			Florida Statutes  0. Name and Addre		Yes N			
		mogration	- rigorn	•	81 Name	<u> </u>	o, Hame and Addit	700 VI 11011 110	gistored A	JOIN		
WEER, I	DICK				PO Ctroot	X22	/D.O. Day Ni mbar ia	Nat Assaulable				
	JSSELL RD <del>6200</del>				82 Street		(P.O. Box Number is Russe / I	Not Acceptable	" (De	lete	C 200)	
	E-PARK FL 32043				83	-			<b>,</b>			
					84 City					85 Zıç	Code	
						reen	Cove S	prings	FL	00 24	Code	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.												
SIGNATURE .												
12.	Signature, typed or printed name of registered age:				Agent signature	required wher		IOEC TO OFFIC	DATE	ייייייייייייייייייייייייייייייייייייייי	DO 141 40	
TITLE	OFFICERS AN	ND DIRECTO	DELETE	13.	n F	D	ADDITIONS/CHÂN	IGES TO UPFIC		Change	Addition	
NAME	KING, JERRY			1.2 NA			Wall	la		onungo	M Modition	
STREET ADDRESS	P. O. BOX 56 N/A				reet address	13	Autor	nogie				
CITY-ST-ZIP	REIDVILLE SC				TY-\$T-ZIP	G.Ce	th Volli Auburn Penuille,	C C RIE	9607			
TITLE	D		DELETE	2.1 Ti		0	Chuine,	<u> </u>		Change	Addition	
NAME	RICHARDSON, JOYCE		_	2.2 NA	WE	Robi	ort Clark	Jr.		·	_	
STREET ADDRESS 781-B HILLTOP DR., #24			2.3 STREET ADDRESS			1175	Robert Clark, Jr. 1175 Hatcher Dr.					
CITY-ST-ZIP	KEYSTONE HEIGHTS FL			2.4 C	ITY-ST-ZIP	Mie	ldle burg,	FL.	3 3068	7		
TITLE	DS		DELETE	3.1 TI	LE	MA	•			Change	Addition	
NAME	Mojonnier, Robert W.			3.2 NA	ME	Dic	k weer a Russel					
STREET ADDRESS	722 PALM DR			3 3 ST	REET ADDRESS	250	a Russel	I Rd.	_		İ	
CITY - ST - ZIP	KEYSTONE HEIGHTS FL			3 4. C	TY-ST-ZIP	Gre	en Cove Sp	rings F	-6 36	904 <u>3</u>	9492	
TITLE	D		DEFELE	4.1 Til	LE			•		Change	Addition	
NAME	VAN GORDER, PAUL			4. 2 N.	AME						1	
STREET ADDRESS	2574 WOOD HILL LANE			4.3 ST	REET ADDRESS							
CITY-ST-ZIP	EAST POINT GA				ry-st-zip	<b></b>	<del></del>			<del></del>		
TITLE	DT		DELETE	5.1 Ti					L	Change	Addition	
NAME	OSTREM, DUANE			5.2 NA							ļ	
STREET ADDRESS	360 HIGHVIEW RD.				REET ADDRESS						-	
CITY-ST-ZIP	SPARTANBURG SC		Пренете		Y-ST-ZIP	-				Λ	T 4 2 are in	
TITLE			DELETE	6.1 T(1					L	Change	Addition	
NAME				6.2 NA								
STREET ADDRESS					REET ADDRESS							
CITY-ST-ZIP 14. I do hereb	y certify that the information supplied	with this filing	is voluntarily furnis		IY-ST-ZIP does not out	l alify for the	e exemption stated in	Section 119 07	7(3)(k) Etorid	a Statute	se I further	

a. To hereby 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 cartify 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dick Weer 4-24-96

904-284-1111

Daytime Phone

CR2E037 /12/0