## FILE NOW: FILING FEE IS \$61.25

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

(5)

## NONPROFIT CORPORATION ANNUAL REPORT 1998 DOCUMENT # GOOD TIDINGS TRUST, INC. Principal Place of Business Mailing Address 2500 RUSSELL RD GREEN COVE SPRINGS FL 32043-9492 2500 RUSSELL RD GREEN COVE SPRINGS FL 32043-9492 2. Principal Place of Business 2a. Mailing Address Sulte, Apt. #, etc. Suite, Apt. #, etc. 22 27 City & State City & State 23 24 9. Name and Address of Current Registered Agent

WEER, DICK

**SIGNATURE:** 

## **FILED** Apr 14 1998 8:00am Secretary of State

 $\square$ 

7. Is this nonprofit corporation a homeowners association?

Yes \( \subseteq \text{No} \)

8. This corporation owes or has paid the current year Intangible

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Yes

904-284-1111

Not Applicable

3. Date Incorporated or Qualified

12/18/1985

59-2623095

5. Certificate of Status Desired

6. Election Campaign Financing

Personal Property Tax due June 30.

3-24-98

10. Name and Address of New Registered Agent

Trust Fund Contribution

4. FEI Number

WEER, DICK 2500 RUSSELL RD GREEN COVE SPRINGS FL 32043			82	82 Street Address (P.O. Box Number is Not Acceptable)			
			83				
			84	City		85 Zig	Code
			امرا	City		FL   "   "	, Coop
office or re	to the provisions of Sections 617.0502 and 6 egistered agent, or both, in the State of Floric in familiar with, and accept the obligations of	la. Such change was a	uthorized by	the corpo	orporation submits this statement for the purporation's board of directors. I hereby accept the	se of changing appointment a	its registered is registered
SIGNATURE _	Signature, typed or printed name of registered agent and title	f sonlineble /MOTE	- Bogistered Acor	nt alamatura ra	quired when reinstating)	NTE	
12.	OFFICERS AND DIREC		13.	it eignations re	ADDITIONS/CHANGES TO OFFICERS		PRS IN 12
TITLE	D₽	DELETE	1.1 TITLE	T		Change	
NAME	KING. JERRY		1.2 NAME	1			
STREET ADDRESS	P. O. BOX 56 N/A		1.3 STREET	ADDRESS			
CITY-ST-ZIP	REIDVILLE SC		1.4 CITY-ST	- ZIP			J
TITLE	D	DELETE	2.1 TITLE			Change	☐ Addition
NAME	RICHARDSON, JOYCE		2.2 NAME	- 1			ŀ
STREET ADDRESS	781-B HILLTOP DR., #24		2.3 STREET	ADDRESS			
CITY-ST-ZIP	KEYSTONE HEIGHTS FL		2. 4 CITY - S	T-ZIP			
TITLE	D	DELETE	3.1 TITLE			Change	Addition
NAME	van Gorder, Paul		3.2 NAME				
STREET ADDRESS	2574 WOOD HILL LANE		3.3 STREET	ADDRESS :			ļ
CITY-ST-ZNP	EAST POINT GA		3.4. CITY - ST	I-ZIP			
TITLE	DT	☐ DELETE	4.1 TITLE			☐ Change	☐ Addition
HAME	OSTREM, DUANE		4. 2 NAME	-			
STREET ADDRESS	360 HIGHVIEW RD.		4.3 STREET	NODRESS			ļ
CITY-ST-ZIP	SPARTANBURG SC		4.4 C(TY+ST	-ZIP	· · · · · · · · · · · · · · · · · · ·		
TITLE	0	DELETE	5.1 TITLE			☐ Change	Addition
NAME	vollnogle, keit		5.2 NAME				
STREET ADDRESS	12 AUDURN CIRCLE		5.3 STREET /	ADDRESS			
CITY-ST-ZIP	GREENVILLE SC		5.4 CITY-ST	-ZIP			
MTLE		☐ DELETE	6.1 TITLE			Change	Addition
HAME			6.2 NAME	ĺ			
STREET ADORESS			6.3 STREET A	NDORESS :			
CITY-ST-ZIP			6.4 CITY-ST				
14. 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 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.							

il hear Dick Weer

Country

61 Name

30