

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12624

FILED
Jan 13, 2006
Secretary of State

Entity Name: GOOD TIDINGS TRUST, INC.

Current Principal Place of Business:

2500 RUSSELL RD
GREEN COVE SPRINGS, FL 320439492 US

New Principal Place of Business:

Current Mailing Address:

2500 RUSSELL RD
GREEN COVE SPRINGS, FL 320439492 US

New Mailing Address:

FEI Number: 59-2623095

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CLARK, ROBERT JR
1175 HATCHER DR
MIDDLEBURG, FL 32068 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: KING, JERRY,
Address: P. O. BOX 56
City-St-Zip: REIDVILLE, SC 29375

Title: T () Delete
Name: CLARK, ROBERT JR
Address: 1175 HATCHER DR
City-St-Zip: MIDDLEBURG, FL 32068

Title: D () Delete
Name: KING, THOMAS N
Address: 8320 NEWCUT RD
City-St-Zip: CAMPOBELLO, SC 29322

Title: D () Delete
Name: VOLLNOGLE, KEITH
Address: 12 AUBURN CIRCLE
City-St-Zip: GREENVILLE, SC 29607

Title: DP () Delete
Name: TIDWELL, WILLIAM J
Address: 120 ACORN DR
City-St-Zip: VALDOSTA, GA 31602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: BILL TIDWELL

DP

01/13/2006

Electronic Signature of Signing Officer or Director

Date