

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N28927**

1. Corporation Name

**GOOD FRIEND, INC.**

(4) Same as usual  
Consolidated to  
one Address.



Principal Place of Business

461 MASS AVE  
~~11101 CALVIN STREET~~ ← Delete  
PENSACOLA FL 32505  
US 32505

Mailing Address

P O BOX 7482  
~~11101 CALVIN STREET~~ ← Delete  
PENSACOLA FL 32514  
US 32534

3. Date Incorporated or Qualified  
**10/19/1988**

3a. Date of Last Report  
**06/13/1995**

2. Principal Place of Business

2a. Mailing Address

21 **461 mass. AV.**

26 **P.O. Box 7482**

4. FEI Number  
**59-2917848**

Applied For  
Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

22 City & State  
**Pensacola FL**

27 City & State  
**Pensacola FL**

6. Election Campaign Financing  
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

23 Zip Country  
**32505 Escambia**

28 Zip Country  
**32534 Escambia**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JORDAN, JOHN H. II  
~~11101 CALVIN STREET~~ New Address - 461 mass. AV.  
PENSACOLA FL 32514  
32505

81 Name **John H. Jordan II**  
82 Street Address (P.O. Box Number is Not Acceptable)  
**461 mass. AV.**  
83 **P.O. Box 7482**  
84 City **Pensacola** FL 85 Zip Code **32534**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

**1-17-96**

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE  
NAME **PD JORDAN, JOHN H. II**  
STREET ADDRESS **11101 CALVIN STREET 461 mass. AV.**  
CITY - ST - ZIP **PENSACOLA FL**

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **461 mass. AV.**  
1.4 CITY - ST - ZIP **32505**

TITLE ☐ DELETE  
NAME **VD JORDAN, M. GAIL**  
STREET ADDRESS **11101 CALVIN STREET 461 mass. AV.**  
CITY - ST - ZIP **PENSACOLA FL**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **461 mass. AV.**  
2.4 CITY - ST - ZIP **32505**

TITLE ☐ DELETE  
NAME **D REID, J. NATHANIEL**  
STREET ADDRESS **829 ISCONDITAS PLACE**  
CITY - ST - ZIP **PENSACOLA FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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 119.07(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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**1-17-96**

Date

**904-435-0975**

Daytime Phone #

CR2E037 (12/95)