

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90334 013 ****61.25

DOCUMENT # N99000003903

1. Entity Name

GOLDEN TIMES ASSISTANCE SERVICES, INC.



Principal Place of Business

**9378 ARLINGTON EXPWY 305
JACKSONVILLE FL 32225**

Mailing Address

**9378 ARLINGTON EXPWY 305
JACKSONVILLE FL 32225**

2. Principal Place of Business

**9378 Arlington Expwy.
Suite, Apt. #, etc.
305**

3. Mailing Address

**9378 Arlington Expwy.
Suite, Apt. #, etc.
305**

City & State

Jacksonville, Florida

City & State

Jacksonville, Florida

Zip
32225

Country
Duval

Zip
32225

Country
Duval

4. FEI Number

59-3587301

Applied For

☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**FRIES, GUNTHER
1921 LEON RD
JACKSONVILLE FL 32246**

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

Gunther Fries

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-2004

**FILE NOW: FEE IS \$61.25
Due By May 1, 2004**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
COLEMAN, WILLIAM
1921 LEON ROAD
JACKSONVILLE FL 32246** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
FRIES, GUNTHER
1921 LEON ROAD
JACKSONVILLE FL 32246** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
SMITH, RITA M
1745 WELLS ROAD
ORANGE PARK FL 32073** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**D
EICHNER, DANIEL
1919 OAK GROVE CIRCLE
JACKSONVILLE BEACH FL 32250** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**PT
FRIES, GUNTHER
1921 LEON RD
JACKSONVILLE FL 32246** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
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☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Gunther Fries

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-2004 904-723-3178