

2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12624

Entity Name: GOOD TIDINGS TRUST, INC.**Current Principal Place of Business:**2500 RUSSELL RD
GREEN COVE SPRINGS, FL 32043-9492**Current Mailing Address:**2500 RUSSELL RD
GREEN COVE SPRINGS, FL 32043-9492 US**FEI Number:** 59-2623095**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**TIDWELL, WILLIAM J
2500 RUSSELL RD
GREEN COVE SPRINGS, FL 32043 US*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**Officer/Director Detail :**Title D
Name KING, JERRY
Address P. O. BOX 56
City-State-Zip: REIDVILLE SC 29375Title D
Name KING, THOMAS N
Address 8320 NEWCUT RD
City-State-Zip: CAMPOBELLO SC 29322Title DP
Name TIDWELL, WILLIAM J
Address 264 WAFT HILL LANE
City-State-Zip: VALDOSTA GA 31602Title D
Name STEPHENS, LUKE R
Address 2510 RUSSELL RD
City-State-Zip: GREEN COVE SPRINGS FL 32043-9492Title D
Name KUNDA, PRESTON
Address 140 LAUREL GROVE RD
City-State-Zip: BRUNSWICK GA 31523

I hereby 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 all other like empowered.

SIGNATURE: WILLIAM J TIDWELL

PRESIDENT

01/24/2021

Electronic Signature of Signing Officer/Director Detail_____
Date