

**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 # 711941 (5)**

1. Corporation Name

**GOODWILL INDUSTRIES-SUNCOAST, INC.**



Principal Place of Business: 10596 GANDY BLVD. ST. PETERSBURG FL 33733  
Mailing Address: P.O. BOX 14456 ST. PETERSBURG FL 33733-4456

3. Date Incorporated or Qualified <b>12/13/1966</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>59-0718492</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

**9. Name and Address of Current Registered Agent**

**WAITS, R. LEE**  
10596 GANDY BLVD  
ST. PETERSBURG FL 33733

**10. Name and Address of New Registered Agent**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 85 Zip Code

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: **R. LEE WAITS, PRESIDENT AND CEO** (NOTE: Registered Agent Signature Required when registering) **3/27/96** DATE

**12. OFFICERS AND DIRECTORS**

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BRADLEY, JAMES P REV.	
STREET ADDRESS	4701 N. HIMES AVE.	
CITY-ST-ZIP	TAMPA FL 33614-6694	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CARTER, GERALD E	
STREET ADDRESS	26996 U.S. HWY. 19 N.	
CITY-ST-ZIP	CLEARWATER FL 34621	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LEO, ALBERT J	
STREET ADDRESS	9400 U.S. 19 NORTH	
CITY-ST-ZIP	PINEALLAS PARK FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FREEMAN, CORINNE	
STREET ADDRESS	5858 CENTRAL AVE.	
CITY-ST-ZIP	ST. PETERSBURG FL 33707	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	WAITS, R. L	
STREET ADDRESS	10596 GANDY BLVD.	
CITY-ST-ZIP	ST. PETERSBURG FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GRASSER, PAUL R	
STREET ADDRESS	1311 N. WESTSHORE SUITE 203	
CITY-ST-ZIP	TAMPA FL 33607-4614	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	CD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	LUDWIG, RICHARD E.	
1.3 STREET ADDRESS	702 N. FRANKLIN STREET	
1.4 CITY-ST-ZIP	TAMPA, FL 33602	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	STERN, ROBERT G.	
2.3 STREET ADDRESS	101 E. KENNEDY BLVD., SUITE 2700	
2.4 CITY-ST-ZIP	TAMPA, FL 33602	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DONAHO, BARBARA A.	
3.3 STREET ADDRESS	762 LIVE OAK TERRACE NE	
3.4 CITY-ST-ZIP	ST. PETERSBURG, FL 33703-3163	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JURGENSMEYER, RICHARD J.	
4.3 STREET ADDRESS	100 N. TAMPA STREET #2400	
4.4 CITY-ST-ZIP	TAMPA, FL 33602	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	MCFADDEN, JOHN W.	
5.3 STREET ADDRESS	13535 FEATHERSOUND DRIVE, SUITE 600	
5.4 CITY-ST-ZIP	CLEARWATER, FL 34622	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: **R. LEE WAITS, PRESIDENT AND CEO** **3/27/96** **813/576-3819**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE DAYTIME PHONE #

CR2E037 (12/95)