

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**Mar 19 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Bandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711941 (5)**

**1. Corporation Name**  
**GOODWILL INDUSTRIES-SUNCOAST, INC.**



<b>Principal Place of Business</b> 10596 GANDY BLVD. ST. PETERSBURG FL 33733	<b>Mailing Address</b> P.O. BOX 14456 ST. PETERSBURG FL 33733-4456
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**3. Date Incorporated or Qualified**  
 12/13/1966

<b>4. FEI Number</b> 59-0718492	<b>Applied For</b> <input type="checkbox"/> Not Applicable
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<b>2. Principal Place of Business</b> 21 Suite, Apt. #, etc.	<b>2a. Mailing Address</b> 26 Suite, Apt. #, etc.
<b>22 City &amp; State</b>	<b>27 City &amp; State</b>
<b>23 Zip</b>	<b>28 Country</b>
<b>24</b>	<b>29</b>
<b>25</b>	<b>30</b>

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

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

**7. Is this nonprofit corporation a homeowners association?**  
 Yes  No

**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.**  Yes  No

**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**

<b>81 Name</b>
<b>82 Street Address (P.O. Box Number is Not Acceptable)</b>
<b>83</b>
<b>84 City</b>
<b>85 Zip Code</b>

**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** \_\_\_\_\_ **DATE** \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<b>TITLE</b>	<b>CD</b> <input type="checkbox"/> DELETE	<b>1.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	LUDWIG, RICHARD E	<b>1.2 NAME</b>	
<b>STREET ADDRESS</b>	702 N FRANKLIN ST	<b>1.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	TAMPA FL	<b>1.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>2.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	STERN, ROBERT G	<b>2.2 NAME</b>	
<b>STREET ADDRESS</b>	101 E KENNEDY BLVD SUITE 2700	<b>2.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	TAMPA FL	<b>2.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>3.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	DONAHO, BARBARA A	<b>3.2 NAME</b>	
<b>STREET ADDRESS</b>	762 LIVE OAK TERR NE	<b>3.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ST PETE FL 63	<b>3.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>4.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	JURGENSMEYER, RICHARD J	<b>4.2 NAME</b>	JURGENSMEYER, RICHARD J
<b>STREET ADDRESS</b>	100 N TAMPA ST 2400	<b>4.3 STREET ADDRESS</b>	2903 STOVALL ST
<b>CITY-ST-ZIP</b>	TAMPA FL	<b>4.4 CITY-ST-ZIP</b>	TAMPA FL 33629
<b>TITLE</b>	<b>PD</b> <input type="checkbox"/> DELETE	<b>5.1 TITLE</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	WAITS, R. L	<b>5.2 NAME</b>	
<b>STREET ADDRESS</b>	10596 GANDY BLVD.	<b>5.3 STREET ADDRESS</b>	
<b>CITY-ST-ZIP</b>	ST. PETERSBURG FL	<b>5.4 CITY-ST-ZIP</b>	
<b>TITLE</b>	<b>D</b> <input type="checkbox"/> DELETE	<b>6.1 TITLE</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
<b>NAME</b>	MCFADDEN, JOHN W	<b>6.2 NAME</b>	MCFADDEN, JOHN W
<b>STREET ADDRESS</b>	13535 FEATHERSOUND DR SUITE 600	<b>6.3 STREET ADDRESS</b>	7650 W COURTNEY CAMPBELL CAUSEWAY #1000
<b>CITY-ST-ZIP</b>	CLEARWATER FL	<b>6.4 CITY-ST-ZIP</b>	TAMPA FL 33607

**14. 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 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 *[Signature]* **1/20/98** **(813) 523-1512**

CR2E037 (10/97)