## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000005697

FILED Jan 10, 2005 Secretary of State

Entity Name: GOODWILL INDUSTRIES/EASTER SEALS OF THE GULF COAST, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2448 GORI MOBILE, A	DON SMITH DF L 36617	₹			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2448 GORI MOBILE, A	DON SMITH DF L 36617	₹			
FEI Number:	63-0363472	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	urrent Registered Agent:	Name and Address	of New Registered Agent:	
The above	NT LANE LA, FL 32503	US ubmits this statement for the p	ourpose of changing its register	red office or registered agent, or both,	
SIGNATUF	RE:				
	Electronic	c Signature of Registered Age	ent	Date	
OFFICERS AND DIRECTORS:			ADDITIONS/CHANG	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:	
Title: Name: Address: City-St-Zip:	CB () I LADD, ALLEN P.O. BOX 6989 MOBILE, AL 366	Delete 660	Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	VC ( ) Delete LUCE, ROBIN 1939 DAUPHIN ISLAND PKWY MOBILE, AL 36605		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	T () Delete KINTZ, MICHAEL P.O. BOX 6237 MOBILE, AL 36660		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name: Address: City-St-Zip:	S () Delete MASSEY, RENEE P.O. BOX 600 CHATOM, AL 36518		Title: Name: Address: City-St-Zip:	( ) Change ( ) Addition	
Title: Name:	P ()[ HARKINS, FRAN	Delete K SMITH DR.	Title: Name: Address:	( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the 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 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 an address, with all other like empowered.

SIGNATURE: FRANK HARKINS P 01/10/2005