

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000002111

Entity Name: GULFSTREAM GOODWILL ACADEMIES, INC.**Current Principal Place of Business:**1715 TIFFANY DRIVE EAST
WEST PALM BEACH, FL 33407**Current Mailing Address:**1715 TIFFANY DRIVE EAST
WEST PALM BEACH, FL 33407 US**FEI Number:** 51-0498259**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**KENNEDY, KEITH
1715 TIFFANY DRIVE E
WEST PALM BEACH, FL 33407 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:** KEITH KENNEDY

03/09/2023

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	BOARD CHAIR
Name	MCCABE, JOAN
Address	219 VIA EMILIA
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	OFFICER
Name	CHIANG, ORLANDO
Address	20 PORTA VISTA CIRCLE
City-State-Zip:	PALM BEACH GARDENS FL 33418

Title	OFFICER
Name	FORD, ANITA
Address	6276 FLORIDIAN CIRCLE
City-State-Zip:	LAKE WORTH FL 33463

Title	OFFICER
Name	SMOLENS, DONNA
Address	13685 RIVOLI DRIVE
City-State-Zip:	PALM BEACH GARDENS FL 33410

Title	CEO
Name	KENNEDY, KEITH
Address	1715 TIFFANY DRIVE EAST
City-State-Zip:	WEST PALM BEACH FL 33407

Title	CFO
Name	DAVIDSON, KAREN
Address	1715 TIFFANY DRIVE EAST
City-State-Zip:	WEST PALM BEACH FL 33407

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: KAREN DAVIDSON**CHIEF FINANCIAL
OFFICER**

03/09/2023

Electronic Signature of Signing Officer/Director Detail

Date