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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name 700631 (5)

GOODWILL INDUSTRIES OF SOUTH FLORIDA, INC.

**FILED** Apr 27 1996 8:00 am Secretary of State

|  | . <b></b> | 8 ((19   1831 9881) <b>3</b> | <b>   </b> | 91911 YIQH IBL |
|--|-----------|------------------------------|------------|----------------|

| rincipal Place of Bus  | siness  | Mailing Addre          |                                   |  |  |   |  |  |
|--|---|------------------------|-----------------------------------|--|--|---|--|--|
| 121 NW 21ST ST   |   |                        | 2121 NW 21ST ST<br>MIAMI FL 33142 |  |  | Date incorporated or Qualified  |  |  |
| MAMI FL 33142  |   | MINTER I L OU          |                                   |  |  |   |  |  |
|  |   |                        |                                   |  |  | 12/16/1958  | 04/24/   | 995  |
| Principal Place of   | Business  | 2a. Mailing A          | ddress                            |  |  | 4. FEI Number   |  | Applied For  |
| ·  |   | 26                     | 26                                |  | 59-0866126   | ***   | Not Applicab   |  |
| Suite, Apt. #, etc.  |   | Suite, Ap              | t. #, etc.                        |  |  | 5. Certificate of Status Desired  | M /  | 5 Additional Required  |
|  |   | 27                     | <del></del>                       |  |  | 6. Election Campaign Financing  |  | <b>00</b> May Be   |
| City & State   |   | City & Sta             | ate                               |  |  | Trust Fund Contribution   |  | led to Fees  |
|  | Country   | 28 Zip                 |                                   | Country  |  | This corporation has liability for  | or intangible tax under  | s. 199.032,  |
| Zip  | 25  | 29                     |                                   | 30   |  | Florida Statutes  | ☐ Yes ☐ No   |  |
|  | Name and Address of Curre   |                        | ent                               | 1441   |  | 10. Name and Address of New   | Registered Agent   |  |
|  |   |                        |                                   | 81   | Name   |   |  |  |
| PASTRANA, D  | ENNIS   |                        |                                   | 62   | Street Ad  | ddress (P.O. Box Number is Not Accept   | abile)   |  |
| 23401 SW 154   |   |                        |                                   |  | 0  |   |  |  |
| HOMESTEAD  |   |                        |                                   | 83   |  |   |  |  |
| HOMESTER   |   |                        |                                   | 84   | City   |   | B5   | Zip Code   |
|  |   |                        |                                   |  | '  |   | FL   "   |  |
| 1. Pursuant to the   | provisions of Sections 617.05   | 02 and 617 1508, F     | lorida Statut                     | es, the above-   | named corp   | poration submits this statement for the poard of directors. I hereby accept the ap                                | ourpose of changing it<br>oppointment as register  | s registered of<br>ed agent. I am                              |
|  | gent, or both, in the State of Flo<br>id accept the obligations of, Se  |                        |                                   |  | JOIATION 5 D   | delig of directors. The day decept the ap   |  |  |
|  |   |                        |                                   |  |  |   |  |  |
| IGNATURE   |   |                        | 416                               | OTE Flammand Age   | at along to a sour   | juired when reinstating)  | DATE   |  |
| Signati  | ure, typed or printed name of registered ag   |                        | (NC                               |  | an signancie en  | ADDITIONS/CHANGES TO O  | FEICERS AND DIREC  | TORS IN 12   |
| 2.   |   | AND DIRECTORS          |                                   | 13.  | ant signature ren  | ADDITIONS/CHANGES TO O  | FFICERS AND DIRECT   |  |
| 2.<br>TLE <b>C</b>   | OFFICERS A  | AND DIRECTORS          | DELETE                            | 13.<br>1.1 TITLE   |  | ADDITIONS/CHANGES TO O  |  |  |
| Z. TLE C   | OFFICERS A<br>ARLTON, ROGER M MR.   | AND DIRECTORS          |                                   | 13.<br>1.1 TITLE<br>1.2 NAME   |  | ADDITIONS/CHANGES TO O  |  |  |
| Z. TLE CAME CAME TREET ADDRESS 17  | OFFICERS A<br>ARLTON, ROGER M MR.<br>700 CONVENTION CENTER  | AND DIRECTORS          |                                   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE  | T ADDRESS  | ADDITIONS/CHANGES TO O  |  |  |
| Z. TLE CAME CAME TREET ADDRESS 17 ITY-ST-ZIP MI  | OFFICERS A<br>ARLTON, ROGER M MR.<br>700 CONVENTION CENTER<br>IAMI FL   | AND DIRECTORS  C  R DR | ]DELETE                           | 13.<br>1.1 TITLE<br>1.2 NAME   | i address<br>St-zip  | ADDITIONS/CHANGES TO O  |  | e  |
| Z. TLE CAME CAME TREET ADDRESS 17 ITY-ST-ZIP MI  | OFFICERS A<br>ARLTON, ROGER M MR.<br>700 CONVENTION CENTER<br>IAMI FL   | AND DIRECTORS  C  R DR |                                   | 13.<br>1.1 TITLE<br>1.2 NAME<br>1.3 STREE<br>1.4 CITY-   | T ADDRESS<br>ST-ZIP  | ADDITIONS/CHANGES TO O  | ☐ Chang  | e  |
| Z. TLE CAME TREET ADDRESS 17 ITY-ST-ZIP MI ITLE D MAME W   | OFFICERS A ARLTON, ROGER M MR. 700 CONVENTION CENTER IAMI FL ITHERS, WAYNE  | AND DIRECTORS  C  R DR | ]DELETE                           | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME  | T ADDRESS<br>ST-ZIP  | ADDITIONS/CHANGES TO O  | ☐ Chang  | e  |
| 2. TLE CAME CAME CAME TREET ADDRESS 17 ITY-ST-ZIP MILITLE D AME WM TREET ADDRESS 10  | OFFICERS A ARLTON, ROGER M MR. 700 CONVENTION CENTER IAMI FL ITHERS, WAYNE 1890 NW 29 ST  | AND DIRECTORS  C  R DR | ]DELETE                           | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME  | I ADDRESS<br>ST-ZIP  | ADDITIONS/CHANGES TO O  | ☐ Chang  | e Additio  |
| Z. TLE CAME CAME TREET ADDRESS 17 ITY-ST-ZIP MI ITLE D AME WTREET ADDRESS 10 ITY-ST-ZIP MI   | OFFICERS A ARLTON, ROGER M MR. 100 CONVENTION CENTER IAMI FL 1THERS, WAYNE 1890 NW 29 ST IAMI FL  | R DR                   | ]DELETE                           | 13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE  | IT ADDRESS<br>ST-ZIP<br>ET ADDRESS<br>-ST-ZIP  | ADDITIONS: CHANGES TO O   | ☐ Chang  | e Additio  |
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SIGNATURE:

NING OFFICER OR DIRECTOR

Daytime Phone #