

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -2 PM 4: 23

DOCUMENT # 700870 (9)
1. Corporation Name
GOODWILL INDUSTRIES OF NORTH FLORIDA, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
4527 LENOX AVE 4527 LENOX AVE
PO BOX 60219 PO BOX 60219
JACKSONVILLE FL 32236 JACKSONVILLE FL 32236

3. Date Incorporated or Qualified 09/19/1959 3a. Date of Last Report 02/03/1994

4. FEI Number 59-0637858 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

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

22 City & State 27 City & State

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

23 Zip 28 Zip

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

24 Country 29 Country

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
STERN, ROBERT A.
4527 LENOX AVE.
JACKSONVILLE FL 32205

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BRADY, SHEILA 2800 UNIV BLVD N JACKSONVILLE, FL 00000
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HENSON, CURTIS 1809 ART MUSEUM DRIVE, SUITE 202 JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD HOLLENBECK, RAYMOND 1821 KINGSWOOD ROAD JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MILLER, PAULA 101 W. STATE STREET JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MOORER, RANDOLPH 815 SOUTH MAIN STREET JACKSONVILLE FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WILSON, LELAND 5321 ROLLINS AVE. JACKSONVILLE, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition SD Coleman, Patrick 2065 Herschel Street Jacksonville, Florida 32204
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VD
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition same

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 110.07(3)(b), 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: Leland D. Wilson Jan. 24, 1995 904 384 1361
Treasurer, Leland D. Wilson