

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 700870 (9)
1. Corporation Name

GOODWILL INDUSTRIES OF NORTH FLORIDA, INC.



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

3. Date Incorporated or Qualified 09/19/1959	3a. Date of Last Report 02/02/1995
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2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-0637858	Applied For Not Applicable
21	26	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
22	27	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
City & State	City & State		
23	28		
Zip	Country		
24	25		
	29		
	30		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**STERN, ROBERT A.
4527 LENOX AVE.
JACKSONVILLE FL 32205**

81 Name Robert H. Thayer
82 Street Address (P.O. Box Number is Not Acceptable) 4527 Lenox Avenue
83
84 City Jacksonville
85 Zip Code FL 32205

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 *Robert H. Thayer* **Robert H. Thayer, Executive Dir. January 24, 1996**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE President D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BRADY, SHEILA		1.2 NAME	
STREET ADDRESS 2800 UNIV BLVD N		1.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 00000		1.4 CITY-ST-ZIP	
TITLE SD	<input type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME COLEMAN, PATRICK		2.2 NAME	
STREET ADDRESS 2065 HERSCHEL STREET		2.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE FL		2.4 CITY-ST-ZIP	
TITLE PD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME HOLLENBECK, RAYMOND		3.2 NAME Lloyd Brown	
STREET ADDRESS 1821 KINGSWOOD ROAD		3.3 STREET ADDRESS 1 Riverside Avenue	
CITY-ST-ZIP JACKSONVILLE FL		3.4 CITY-ST-ZIP Jacksonville, FL 32202	
TITLE VD	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Assistant Treasurer D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME MILLER, PAULA		4.2 NAME Lou Black	
STREET ADDRESS 101 W. STATE STREET		4.3 STREET ADDRESS 4427 Emerson Street	
CITY-ST-ZIP JACKSONVILLE FL		4.4 CITY-ST-ZIP Jacksonville, FL 32207	
TITLE VD	<input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MOORER, RANDOLPH		5.2 NAME	
STREET ADDRESS 815 SOUTH MAIN STREET		5.3 STREET ADDRESS 10407 Centurion Parkway North	
CITY-ST-ZIP JACKSONVILLE FL		5.4 CITY-ST-ZIP Jacksonville, FL 32245	
TITLE TD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, LELAND		6.2 NAME	
STREET ADDRESS 5321 ROLLINS AVE.		6.3 STREET ADDRESS	
CITY-ST-ZIP JACKSONVILLE, FL 00000		6.4 CITY-ST-ZIP	

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 119.07(3)(k), 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 W. Wilson* **January 24, 1996** **904 384 1361**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)