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Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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 4527 LENOX AVE  
PO BOX 60219 PO BOX 60219  
JACKSONVILLE FL 32236 JACKSONVILLE FL 32236-0219

3. Date Incorporated or Qualified 09/19/1959 3a. Date of Last Report 01/31/1996

2. Principal Place of Business 21 2a. Mailing Address 26 4. FEI Number 59-0637858 Applied For Not Applicable

22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State 28 City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 25 Country 29 Zip 30 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 THAYER, ROBERT H 4527 LENOX AVENUE 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 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 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 PD	BRADY, SHEILA	1.1 TITLE VD	Robert Kidd
NAME	2800 UNIV BLVD N	1.2 NAME	836 Riverside Avenue
STREET ADDRESS	JACKSONVILLE, FL 00000	1.3 STREET ADDRESS	Jacksonville, FL 32204
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VD	COLEMAN, PATRICK	2.1 TITLE	
NAME	2065 HERSCHEL STREET	2.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	BROWN, LLOYD	3.1 TITLE SD	Arthur J. Stites
NAME	1 RIVERSIDE AVENUE	3.2 NAME	5644 Colcord Avenue
STREET ADDRESS	JACKSONVILLE FL	3.3 STREET ADDRESS	Jacksonville, FL 32211
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE ATD	BLACK, LOU	4.1 TITLE	
NAME	4427 EMERSON STREET	4.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE VD	MOORER, RANDOLPH	5.1 TITLE PD	10407 Centurion Parkway North
NAME	10407 CENTUION PARKWAY NORTH	5.2 NAME	
STREET ADDRESS	JACKSONVILLE FL	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE TD	WILSON, LELAND	6.1 TITLE	
NAME	5321 ROLLINS AVE.	6.2 NAME	
STREET ADDRESS	JACKSONVILLE, FL 00000	6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 January 24, 1997  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0006290

CR2E037 (9/96)