

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700870 (9)
 1. Corporation Name
GOODWILL INDUSTRIES OF NORTH FLORIDA, INC.



Principal Place of Business 4527 LENOX AVE PO BOX 60219 JACKSONVILLE FL 32236	Mailing Address 4527 LENOX AVE PO BOX 60219 JACKSONVILLE FL 32236
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3. Date Incorporated or Qualified 09/19/1959	
4. FEI Number 59-0637858	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 4527 Lennox Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 4527 Lennox Avenue Suite, Apt. #, etc. 27
City & State 23 Jacksonville, FL	City & State 28 Jacksonville, FL
Zip 24 32205	Country 25
Zip 29 32205	Country 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VD	<input type="checkbox"/> DELETE
NAME	KIDD, ROBERT	
STREET ADDRESS	836 RIVERSIDE AVE	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	COLEMAN, PATRICK	
STREET ADDRESS	2085 HERSCHEL STREET	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	STITES, ARTHUR J	
STREET ADDRESS	6844 COLCORD AVE	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	MOORER, RANDOLPH	
STREET ADDRESS	10407 CENTURION PKWY N	
CITY-ST-ZIP	JACKSONVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILSON, LELAND	
STREET ADDRESS	5321 ROLLINS AVE.	
CITY-ST-ZIP	JACKSONVILLE, FL 00000	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	2150 Riverside Ave. Suite 1
1.4 CITY-ST-ZIP	Jacksonville, FL 32205
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	Jacksonville, FL 32204
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	Jacksonville, FL 32211
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	CD
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	Jacksonville, FL 32245
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	Jacksonville, FL 32207
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *[Handwritten Signature]* 4/28/98

CR2E037 (10/97)