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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 700870

1. Corporation Name

GOODWILL INDUSTRIES OF NORTH FLORIDA, INC.

514832 - 90050 - 50

Principal Place of Business

4527 LENNOX AVE
JACKSONVILLE FL 32236
US

Mailing Address

4527 LENNOX AVE
JACKSONVILLE FL 32236
US



2. Principal Place of Business

2a. Mailing Address

N/A

N/A

3. Date Incorporated or Qualified

09/19/1959

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-0637858

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THAYER, ROBERT H
4527 LENOX AVENUE
JACKSONVILLE FL 32205

81 Name

N/A

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 *Leland D. Wilson*

4/29/99

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 DELETE
NAME KIDD, ROBERT
STREET ADDRESS 2150 RIVERSIDE AVE, SUITE 1
CITY-ST-ZIP JACKSONVILLE, FL 00000 32205

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD DELETE
NAME COLEMAN, PATRICK
STREET ADDRESS 2065 HERSCHEL STREET
CITY-ST-ZIP JACKSONVILLE FL 32204

2.1 TITLE Change Addition
2.2 NAME *CD Patrick Coleman*
2.3 STREET ADDRESS *2065 Herschel Street*
2.4 CITY-ST-ZIP *Jacksonville, FL 32204*

TITLE SD DELETE
NAME STITES, ARTHUR J
STREET ADDRESS 5644 COLCORD AVE
CITY-ST-ZIP JACKSONVILLE FL 32211

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE CD DELETE
NAME MOORER, RANDOLPH
STREET ADDRESS 10407 CENTURION PKWY N
CITY-ST-ZIP JACKSONVILLE FL 32245

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE TD DELETE
NAME WILSON, LELAND
STREET ADDRESS 5321 ROLLINS AVE.
CITY-ST-ZIP JACKSONVILLE, FL 00000 32207

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Leland D. Wilson* SIGNATURE REQUIRED

4/29/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)