

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 10, 2001 8:00 am
Secretary of State

05-10-2001 90035 023 ****61.25

DOCUMENT # 700870

1. Entity Name
GOODWILL INDUSTRIES OF NORTH FLORIDA, INC.

Principal Place of Business 4527 LENNOX AVE JACKSONVILLE FL 32236 US	Mailing Address 4527 LENNOX AVE JACKSONVILLE FL 32236 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
City & State	City & State

4. FEI Number 59-0637858	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

**THAYER, ROBERT H
 4527 LENOX AVENUE
 JACKSONVILLE FL 32205**

7. Name and Address of New Registered Agent

Name
 Street Address (P.O. Box Number is Not Acceptable)
 City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

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

**FILE NOW:
 FEE IS \$61.25**

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

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

TITLE	VD <input type="checkbox"/> Delete
NAME	KIDD, ROBERT
STREET ADDRESS	2150 RIVERSIDE AVE, SUITE 1
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32205
TITLE	CD <input type="checkbox"/> Delete
NAME	COLEMAN, PATRICK
STREET ADDRESS	2065 HERSCHEL STREET
CITY-ST-ZIP	JACKSONVILLE FL 32204
TITLE	SD <input type="checkbox"/> Delete
NAME	STITES, ARTHUR J
STREET ADDRESS	5644 COLCORD AVE
CITY-ST-ZIP	JACKSONVILLE FL 32211
TITLE	TD <input type="checkbox"/> Delete
NAME	WILSON, LELAND
STREET ADDRESS	5321 ROLLINS AVE.
CITY-ST-ZIP	JACKSONVILLE, FL 00000 32207
TITLE	CD <input type="checkbox"/> Delete
NAME	HAPSON, CHARLES E
STREET ADDRESS	50 N LAURA STREET STE 2750
CITY-ST-ZIP	JACKSONVILLE FL 32202
TITLE	CD <input type="checkbox"/> Delete
NAME	MURRAY, JOHN
STREET ADDRESS	5310 BROADWAY AVENUE
CITY-ST-ZIP	JACKSONVILLE FL 32205

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	PAST CHAIR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYSON
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **ROBERT KIDD** *[Signature]* Date: _____ Daytime Phone #: **(904) 388-0800**

CR2E037 (10/00)