

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700870

FILED  
Feb 22, 2005  
Secretary of State

Entity Name: GOODWILL INDUSTRIES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

4527 LENNOX AVE  
JACKSONVILLE, FL 32205 US

**New Principal Place of Business:**

**Current Mailing Address:**

4527 LENNOX AVE  
JACKSONVILLE, FL 32205 US

**New Mailing Address:**

FEI Number: 59-0637858      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

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

**Name and Address of New Registered Agent:**

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PC ( ) Delete  
Name: KIDD, ROBERT  
Address: 2150 RIVERSIDE AVE, SUITE 1  
City-St-Zip: JACKSONVILLE, FL 32205

Title: PC ( ) Delete  
Name: COLEMAN, PATRICK  
Address: 2065 HERSCHEL STREET  
City-St-Zip: JACKSONVILLE, FL 32204

Title: SEC ( ) Delete  
Name: BOBECK, CANDICE  
Address: 5644 COLCORD AVE  
City-St-Zip: JACKSONVILLE, FL 32211

Title: TD ( ) Delete  
Name: WILSON, LELAND  
Address: 5321 ROLLINS AVE.  
City-St-Zip: JACKSONVILLE, FL 32207

Title: CHAI ( ) Delete  
Name: MAPSON, CHARLES E  
Address: 7215 FINANCIAL WAY  
City-St-Zip: JACKSONVILLE, FL 32256

Title: CD ( ) Delete  
Name: MURRAY, JOHN  
Address: 5310 BROADWAY AVENUE  
City-St-Zip: JACKSONVILLE, FL 32205

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: MATHEWS, STEVE  
Address: 8777 SAN JOSE BLVD. BLDG E  
City-St-Zip: JACKSONVILLE, FL 32217

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: STEVE MATHEWS

TD

02/22/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date