

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700870

FILED  
Jan 30, 2009  
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: CH ( ) Delete  
Name: MOORER, RANDOLPH  
Address: 10407 CENTURION PARKWAY NORTH  
City-St-Zip: JACKSONVILLE, FL 32245

Title: PR ( ) Delete  
Name: THAYER, ROBERT H  
Address: 4527 LENOX AVE.  
City-St-Zip: JACKSONVILLE, FL 32205

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

Title: TD ( ) Delete  
Name: STITES, ART  
Address: 4741 ATLANTIC BLVD  
City-St-Zip: JACKSONVILLE, FL 32207

Title: VP ( ) Delete  
Name: STEPHENSON, MARK A  
Address: 4527 LENOX AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: BC ( ) Delete  
Name: LANAHAN, JAMES M  
Address: P.O. BOX 5427  
City-St-Zip: JACKSONVILLE, FL 32247

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

Title: CH (X) Change ( ) Addition  
Name: MAPSON, CHARLES  
Address: 4230 PABLO PROFESSIONAL CT.  
City-St-Zip: JACKSONVILLE, FL 32224

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

Title: PC (X) Change ( ) Addition  
Name: LANAHAN, JAMES M  
Address: P.O. BOX 5427  
City-St-Zip: JACKSONVILLE, FL 32247

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: MARK STEPHENSON

VP

01/30/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date