

# 2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700870

FILED  
May 10, 2011  
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  
Name: EASTLAND, ERIC  
Address: 6735 SOUTHPOINT DR J784  
City-St-Zip: JACKSONVILLE, FL 32216

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

Title: SEC  
Name: LANAHAH, JAMES  
Address: P.O. BOX 5427  
City-St-Zip: JACKSONVILLE, FL 32247

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

Title: CFO  
Name: GRAY, PAIGE H  
Address: 4527 LENOX AVE  
City-St-Zip: JACKSONVILLE, FL 32205

Title: PC  
Name: MAPSON, CHARLES  
Address: 4230 PABLO PROFESSIONAL CT  
City-St-Zip: JACKSONVILLE, FL 32224

I hereby 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 all other like empowered.

SIGNATURE: PAIGE GRAY

CFO

05/10/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date