

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 700870

FILED
Apr 24, 2003
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: CD () 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: SD () Delete
Name: STITES, ARTHUR J
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: CD () Delete
Name: MAPSON, CHARLES E
Address: 50 N LAURA STREET STE 2750
City-St-Zip: JACKSONVILLE, FL 32202

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

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

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

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

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: LELAND WILSON

TR

04/24/2003

Electronic Signature of Signing Officer or Director

_____ Date