

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 19, 1996 08:00 AM
Secretary of State

DOCUMENT # 711058 (8)
1. Corporation Name
GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.



Principal Place of Business: **4940 BAYLINE DR. N. FORT MYERS FL 33917**
Mailing Address: **4940 BAYLINE DR. N. FORT MYERS FL 33917**

3. Date Incorporated or Qualified: **06/21/1966**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21		26		59-6196141		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
22		27		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
23		28		24		25	29
Zip	Country	Zip	Country	24	25	29	30

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MURPHY, LEA R 4940 BAYLINE DR N FORT MYERS FL 33917				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code
				FL			

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CD	<input type="checkbox"/> DELETE	11 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ROGERS, HATTON B.		12 NAME				
STREET ADDRESS	1772 CORAL WAY		13 STREET ADDRESS				
CITY-ST-ZIP	N. FT. MYERS FL		14 CITY-ST-ZIP				
TITLE	VCD	<input type="checkbox"/> DELETE	21 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HAMEL, ART		22 NAME				
STREET ADDRESS	1387 WALES DRIVE		23 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL		24 CITY-ST-ZIP				
TITLE	P	<input type="checkbox"/> DELETE	31 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BEEHLER, KATHY S.		32 NAME				
STREET ADDRESS	41361 LITTLE FARM RD		33 STREET ADDRESS				
CITY-ST-ZIP	PUNTA GORDA FL		34 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	41 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	HARTMAN, BARBARA		42 NAME				
STREET ADDRESS	4588 TRAWLER CT., #102		43 STREET ADDRESS				
CITY-ST-ZIP	FORT MYERS FL		44 CITY-ST-ZIP				
TITLE	TD	<input type="checkbox"/> DELETE	51 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	WILKERSON, FRANK		52 NAME				
STREET ADDRESS	3350 N. KEY DR., BLDG. B-1014		53 STREET ADDRESS				
CITY-ST-ZIP	N. FORT MYERS FL		54 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	61 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			62 NAME				
STREET ADDRESS			63 STREET ADDRESS				
CITY-ST-ZIP			64 CITY-ST-ZIP				

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Kathy S Beehler* Pres. 3/13/96 (941) 995-2106
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)