

FILE NOW: FILING FEE IS \$61.25

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Apr 28 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 711058 (8)**

1. Corporation Name  
**GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.**

Principal Place of Business <b>4940 BAYLINE DR. N. FORT MYERS FL 33917</b>	Mailing Address <b>4940 BAYLINE DR. N. FORT MYERS FL 33917-3905</b>
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified <b>06/21/1966</b>	3a. Date of Last Report <b>03/19/1996</b>
4. FEI Number <b>59-6196141</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MURPHY, LEA R  
4940 BAYLINE DR  
N FORT MYERS FL 33917**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	ROGERS, HATTON B.	
STREET ADDRESS	1772 CORAL WAY	
CITY-ST-ZIP	N. FT. MYERS FL	
TITLE	VCD	<input type="checkbox"/> DELETE
NAME	HAMEL, ART	
STREET ADDRESS	1387 WALES DRIVE	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	BEEHLER, KATHY S.	
STREET ADDRESS	41361 LITTLE FARM RD	
CITY-ST-ZIP	PUNTA GORDA FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HARTMAN, BARBARA	
STREET ADDRESS	4586 TRAWLER CT., #102	
CITY-ST-ZIP	FORT MYERS FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILKERSON, FRANK	
STREET ADDRESS	3350 N. KEY DR., BLDG. B-1014	
CITY-ST-ZIP	N. FORT MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 as an attachment with an address.

CR2E037 (9/96)