

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711058

FILED
Apr 18, 2006
Secretary of State

Entity Name: GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4940 BAYLINE DR.
N. FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

4940 BAYLINE DR.
N. FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 59-6196141

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEURIG, THOMAS L
4940 BAYLINE DRIVE
N FORT MYERS, FL 33917 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: D () Delete
Name: ROGERS, HATTON B
Address: 1772 CORAL WAY
City-St-Zip: N. FT. MYERS, FL 33917

Title: D () Delete
Name: PACK, JUDGE R W
Address: 1700 MONROE ST 4TH FL
City-St-Zip: FORT MYERS, FL 33902

Title: P () Delete
Name: FEURIG, THOMAS L
Address: 4940 BAYLINE DRIVE
City-St-Zip: NORTH FORT MYERS, FL 33917

Title: D () Delete
Name: HARTMAN, BARBARA
Address: 4150 FORD ST. EXT., SUITE 2
City-St-Zip: FORT MYERS, FL 33916

Title: D () Delete
Name: ADAMS, DANIEL
Address: 2180 W. 1ST STREET, SUITE 212
City-St-Zip: FORT MYERS, FL 33901

Title: CD () Delete
Name: MANN, GEORGE T JR.
Address: 2940 HANSON STREET
City-St-Zip: FORT MYERS, FL 33916

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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
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Address:
City-St-Zip:

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

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 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: THOMAS L FEURIG

P

04/18/2006

Electronic Signature of Signing Officer or Director

Date