

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 711058

FILED
Mar 23, 2009
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: VCD () Delete
Name: HOLLAND, RAYMOND T
Address: 1400 N 15TH STREET
City-St-Zip: IMMOKALEE, FL 34142

Title: SD () Delete
Name: BARRETT, WILLIAM J
Address: 7950 SUMMERLIN LAKES DRIVE, STE 1
City-St-Zip: FORT MYERS, FL 33907

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

Title: TD () Delete
Name: HAMEL DOZIER, SHARLENE
Address: 1387 WALES DRIVE
City-St-Zip: FORT MYERS, FL 33901

Title: D () Delete
Name: ADAMS, DANIEL
Address: 2104 W. 1ST STREET, APT 2304
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
Name:
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 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: STACEY PIANKA

DIR

03/23/2009

Electronic Signature of Signing Officer or Director

Date