

FILE NOW: FILING FEE IS \$61.25

FILED

**Jun 02 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 712666 (7)
1. Corporation Name
GOODWILL INDUSTRIES - BIG BEND, INC.

Principal Place of Business 300 MABRY STREET TALLAHASSEE, FL 32304-3813	Mailing Address 300 MABRY STREET TALLAHASSEE, FL 32304-3813
---	---

Amended

21 Principal Place of Business	2a Mailing Address
22 Suite, Apt. #, etc	27 Suite, Apt. #, etc
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

3. Date Incorporated or Qualified 04/28/1967	
4. FEI Number 59-1279499	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GRAHAM, WILLIAM M
5032 TALLOWPOINT ROAD
TALLAHASSEE, FL 32308**

10. Name and Address of New Registered Agent

B1 Name
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City
B5 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: _____ (NOT Registered Agent signature required when re-instating) _____ **DATE:** _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	SCRUGGS, JEANNIE	
STREET ADDRESS	11061 TUNG GROVE ROAD	
CITY-ST-ZIP	TALLAHASSEE, FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	FORNER, KEVIN	
STREET ADDRESS	1219 HODGES DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FLORIDA	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	HANSBERRY, TONY D.	
STREET ADDRESS	2308 DILLION COURT, TALLA., FL	
CITY-ST-ZIP	TALLAHASSEE, FLORIDA	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	NAGLE, DIANNE	
STREET ADDRESS	2843 INDUSTRIAL PLAZA DRIVE	
CITY-ST-ZIP	TALLAHASSEE, FLORIDA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIR - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	HANSBERRY, TONY D.	
1.3 STREET ADDRESS	2308 DILLON COURT	
1.4 CITY-ST-ZIP	TALLAHASSEE, FL 32312	
2.1 TITLE	VICE CHAIR - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ENGLERT, MITCH R.	
2.3 STREET ADDRESS	1801 APALACHEE PKWY, TALLA., FL 32301	
2.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
3.1 TITLE	TREASURER - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MOORE, WILLIAM	
3.3 STREET ADDRESS	2720 W. TENNESSEE STREET	
3.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
4.1 TITLE	SECRETARY - DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KITTERMAN, LESLIE	
4.3 STREET ADDRESS	200 E. GAINES STREET, TALLA., FL 32301	
4.4 CITY-ST-ZIP	TALLAHASSEE, FL 32304	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	300002547803	
5.3 STREET ADDRESS	-06/04/98--01070--001	
5.4 CITY-ST-ZIP	***61.25	
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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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; that I am 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 in an attachment with an address.

SIGNATURE: *William M. Graham* **WILLIAM M. GRAHAM** **04/29/98** **(850) 576-7145**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/mo/yr Phone #

CR2E037 (10/97)