

2000 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 24, 2000 8:00 am
Secretary of State

04-24-2000 90140 026 ****61.25

DOCUMENT # 712666

1. Entity Name

GOODWILL INDUSTRIES-BIG BEND, INC.

Principal Place of Business

Mailing Address

**300 MABRY STREET
 TALLAHASSEE FL 32304-3813**

**300 MABRY STREET
 TALLAHASSEE FL 32304-3813**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1279499

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**GRAHAM, WILLIAM M
 5032 TALLOWPOINT RD.
 TALLAHASSEE FL 32308**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

William M. Graham

3/8/00

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:
 FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

**Make Check Payable to
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input checked="" type="checkbox"/> Delete
NAME	HANSBERRY, TONY D	
STREET ADDRESS	2308 DILLON CT.	
CITY-ST-ZIP	TALLAHASSEE FL 32312	
TITLE	VD	<input type="checkbox"/> Delete
NAME	ENGLERT, MITCH R	
STREET ADDRESS	1801 APALACHEE PKWY.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE	TD	<input type="checkbox"/> Delete
NAME	MOORE, WILLIAM	
STREET ADDRESS	2720 W. TENNESSEE ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32304	
TITLE	SD	<input type="checkbox"/> Delete
NAME	KITTERMAN, LESLIE	
STREET ADDRESS	200 E. GAINES ST.	
CITY-ST-ZIP	TALLAHASSEE FL 32301	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	Chair	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mitch R. Englert	
STREET ADDRESS	1801 Apalachee Parkway	
CITY-ST-ZIP	Tallahassee, FL	
TITLE	Vice-Chair	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	W. Calvin Melton	
STREET ADDRESS	451 Cabin Hill Rd., 32312	
CITY-ST-ZIP	Tallahassee, FL	
TITLE	Treasurer	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	William Moore	
STREET ADDRESS	2720 W. Tennessee St.	
CITY-ST-ZIP	Tallahassee, FL 32304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with another, like empowered.

SIGNATURE:

William M. Graham **REQUIRED**

3/8/00

576-7145

CR2E037 (9/99)