

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 712666

FILED
Apr 01, 2009
Secretary of State

Entity Name: GOODWILL INDUSTRIES-BIG BEND, INC.

Current Principal Place of Business:

300 MABRY STREET
TALLAHASSEE, FL 323043813

New Principal Place of Business:

Current Mailing Address:

300 MABRY STREET
TALLAHASSEE, FL 323043813

New Mailing Address:

FEI Number: 59-1279499

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHELPER, FRED G JR
300 MABRY STREET
TALLAHASSEE, FL 32304 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: C () Delete
Name: SCARBORO, JIM
Address: 217 N. MONROE STREET
City-St-Zip: TALLAHASSEE, FL 32301

Title: VC () Delete
Name: OSTERYOUNG, JERRY DR.
Address: 2912 BRANDEMERE DR.
City-St-Zip: TALLAHASSEE, FL 32312

Title: TD () Delete
Name: BLISS, GARY
Address: 75 WALKER CREEK DRIVE
City-St-Zip: CRAWFORDVILLE, FL 32327

Title: P () Delete
Name: SHELPER, FRED G JR.
Address: 300 MABRY ST
City-St-Zip: TALLAHASSEE, FL 32304

Title: SD () Delete
Name: BRYANT, ELAINE
Address: 1882 CAPITAL CIRCLE NE SUITE 105
City-St-Zip: TALLAHASSEE, FL 32308

Title: D () Delete
Name: MELTON, W. CALVIN DR
Address: 451 CEDAR HILL ROAD
City-St-Zip: TALLAHASSEE, FL 32312

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 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: FRED G. SHELPER, JR.

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date