

# FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # 745739 (3)**  
1. Corporation Name  
**GOODWILL INDUSTRIES OF BROWARD COUNTY, INC.**



Principal Place of Business  
**2104 W. COMMERCIAL BLVD.  
FT LAUDERDALE FL 33310-0339**

Mailing Address  
**P. O. BOX 100339  
FORT LAUDERDALE FL 33309**

3. Date Incorporated or Qualified  
**01/29/1979**

3a. Date of Last Report  
**03/03/1995**

2. Principal Place of Business		2a. Mailing Address		4. FEI Number <b>59-1868559</b>		Applied For Not Applicable	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22. City & State		27. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
23. Zip		28. Zip		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
24. Country		29. Country					
25.		30.					

## 9. Name and Address of Current Registered Agent

**CLARK, DENNIS P.  
2104 W COMMERCIAL BLVD.  
FT LAUDERDALE FL 33310**

## 10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	<b>FL</b>
85. 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

*Dennis P. Clark*

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>V</b> <input type="checkbox"/> DELETE	1.1 TITLE	<b>CD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MURFIN, RONALD</b>	1.2 NAME	
STREET ADDRESS	<b>3632 N.E. 24TH AVE.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>TD</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARKINSON, ANTHONY</b>	2.2 NAME	
STREET ADDRESS	<b>1115 SE 6TH ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT LAUDERDALE FL 33301</b>	2.4 CITY-ST-ZIP	
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CLARK, DENNIS P.</b>	3.2 NAME	
STREET ADDRESS	<b>1905 N ATLANTIC BLVD #14</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL</b>	3.4 CITY-ST-ZIP	
TITLE	<b>CD</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<b>SD</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BELLEVUE, WONETA</b>	4.2 NAME	<b>CARPENTER, DANIEL</b>
STREET ADDRESS	<b>625 NE 4TH STREET</b>	4.3 STREET ADDRESS	<b>701 E. COMMERCIAL BLVD</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>	4.4 CITY-ST-ZIP	<b>FORT LAUDERDALE, FL 33334</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	5.1 TITLE	<b>VCD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MOSELY, MARION</b>	5.2 NAME	
STREET ADDRESS	<b>3201 W HALLANDALE BEACH BLVD</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 or 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 on an attachment with an address.

SIGNATURE:

*Ronald Murfin*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Ronald Murfin, Chairman, Board of Directors**

4/17/96

(954) 486-1600

Date

Daytime Phone #

CR2E037 (12/95)