# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**DOCUMENT #745739** 



**FILED** Feb 07, 2005 8:00 am Secretary of State

1. Entity Nam GOODWI	iLL INDU	STRIES OF BROW	/ARD C	OUNTY, INC	•			02-07-2005	90079 0	36 ****/0	0.00	
Principal Place of Business 2104 W. COMMERCIAL BLVD. FT LAUDERDALE, FL 33310-0339 FORT LAUDERDALE,					33309	)	1 19 6 11 1	ren Birri awi Jeber iina s	m Kidal 89911 Pi	Elt Blem sten étêt	VOI IN 11811	
2. Principal Place of Business 3. N			3. Maili	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.			0128200	5 Chg-NP	CR2E0	37 (10/03)			
City & State			City	City & State			4. FEI Nur 59-1	nber 368559			plied For t Applicable	
Zip	<u> </u>				Cou	untry	5. Certificate of status besited Fee F			\$8.75 Add Fee Required		
<u> </u>	6. Name	and Address of Current i	Registere	d Agent			7. Name s	and Address of New	Registered	Agent		
CLARK, D		IAL DIVID					neila Sos		ula)	· · · · · · · · · · · · · · · · · · ·		
2104 W COMMERCIAL BLVD. FT LAUDERDALE, FL 33310								(P.O. Box Number is Not Acceptable)				
•						City	104 W Commercial Blvd ort Lauderdale FL Zip Code 33309					
	named entit	y submits this statement for tered agent.	r the purpo	ose of changing its	register				lorida. I am			
SIGNATURE	Signature, typed	LAGO or printed name of registered agent a	end title if app	icable. (NOTI			TOUE DI	RECTOR	1 /	/28/05	·	
Filing Fee is \$61.25 Due by May 1, 2005				9. Election Campaign Financing Trust Fund Contribution.								
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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 all other like empowered.

## 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## ATTACHMENT **DOCUMENT #745739** GOODWILL INDUSTRIES OF BROWARD COUNTY, INC. 40014715 Principal Place of Business Mailing Address 2104 W. COMMERCIAL BLVD. P. O. BOX 100339 FORT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33310-0339 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01282005 Chg-NP CR2E037 (10/03) 4. FEI Number 59-1868559 City & State City & State Applied For Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Sheila Sosnowski CLARK, DENNIS P Street Address (P.O. Box Number is Not Acceptable) 2104 W COMMERCIAL BLVD. FT LAUDERDALE, FL 33310 2104 W Commercial Blvd City Zip Code 33309 Fort Lauderdale 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. I am familiar with, and accept the obligations of registered agent. /28/05 SIGNATURE 9. Election Campaign Financing \$5.00 May Be Make check payable to Filing Fee is \$61.25 Trust Fund Contribution. Florida Department of State Due by May 1, 2005 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. PΩ TITLE XX Delete TITLE XXAddition XXX PD CLARK, DENNIS P. NAME NAME Sheila Sosnowski 2104 W Commercial Blvd 1905 N ATLANTIC BLVD #14 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP FT. LAUDERDALE, FL CITY-ST-ZIP Fort Lauderdale, FL 33309 TITLE ☐ Delete DILE ☐ Change Addition HAVERFIELD, CRAIG NAME NAME 2826 EAST OAKLAND PARK BLVD STREET ADDRESS STREET ADDRESS FORT LAUDERDALE, FL 33306 CITY-ST-ZIP CITY-ST-ZIP VD ☐ Detete TITLE TITLE ☐ Chance ☐ Addition MCCLEARY, MEREDITH NAME STREET ADDRESS 2210 NW 34 AVE. STREET ADDRESS CITY-ST-ZIP LAUDERDALE LAKES, FL 33313 CITY:ST:ZIP Addition ☐ Detete Change DAVISON, MARK NAME NAME 1305 UNIVERSITY DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL SPRINGS, FL 33071 CITY-ST-ZIP Oelete TITLE TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-ST-7P 12. Thereby certify that the information supplied with this filling 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 jequired 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 all other like empowered. SHEILA SOJNOWSKI1/28/05 SIGNATURE: \_\_\_\_\_ (954) 486-1600 E AND TYPED OR PRINTED NAME OF BE G OFFICER OR DIRECTOR