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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 756677

1. Corporation Name
GOODWILL INDUSTRIES-MANASOTA, INC.

Principal Place of Business: 7501 BRADENTON ROAD, SARASOTA FL 34243, US
 Mailing Address: 7501 BRADENTON ROAD, SARASOTA FL 34243, US



21	2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.	03/09/1981
23	City & State	City & State	4. FEI Number
24	Zip	Country	59-2074391
25	Country	Country	Applied For
26	Country	Country	Not Applicable
27	Country	Country	5. Certificate of Status Desired <input checked="" type="checkbox"/>
28	Country	Country	\$8.75 Additional Fee Required
29	Country	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
30	Country	Country	\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROBERTS, DONALD L 7501 BRADENTON ROAD SARASOTA FL 34243		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	FL
		83	
		84 City	

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, DONALD L.	1.2 NAME	
STREET ADDRESS	7501 BRADENTON RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WALTERS, CLIFFORD L	2.2 NAME	
STREET ADDRESS	802 11TH ST. W.	2.3 STREET ADDRESS	
CITY-ST-ZIP	BRADENTON FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KEENER, WILLIAM H	3.2 NAME	DIRECTOR
STREET ADDRESS	1800 SECOND AVE	3.3 STREET ADDRESS	RICHARD FAWLEY
CITY-ST-ZIP	SARASOTA FL	3.4 CITY-ST-ZIP	1001 MANATEE AVE. W. BRADENTON, FL 34206
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRIS, ROBERT	4.2 NAME	
STREET ADDRESS	1280 DOLPHIN BAY WAY #201	4.3 STREET ADDRESS	
CITY-ST-ZIP	SIETA KEY FL	4.4 CITY-ST-ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSINSKY, ROBERT	5.2 NAME	
STREET ADDRESS	7501 BRADENTON RD	5.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOECK, R LANE	6.2 NAME	
STREET ADDRESS	7501 BRADENTON RD.	6.3 STREET ADDRESS	
CITY-ST-ZIP	SARASOTA FL	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)(i), 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, with all other like empowered.

SIGNATURE: R. HOECK 1-4-99 941-355-2721
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)