

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # 758859 (3)
1. Corporation Name
GOODWILL INDUSTRIES - HEART OF FLORIDA, INC.



Principal Place of Business 809 SOUTH FLORIDA AVE. LAKELAND FL 33801	Mailing Address 809 SOUTH FLORIDA AVE. LAKELAND FL 33801-5234
--	---

2. Principal Place of Business 21		2a. Mailing Address 26		3. Date Incorporated or Qualified 06/22/1981		3a. Date of Last Report 09/17/1996	
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number 59-2131677		Applied For Not Applicable	
City & State 23		City & State 28		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip 24		Country 25		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent LAMONA, LINDA 809 S. FLORIDA AVENUE LAKELAND FL 33815				10. Name and Address of New Registered Agent			
				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code 33801			

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 _____
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	PS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAMONA, LINDA	1.2 NAME	
STREET ADDRESS	809 S. FLORIDA AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33815	1.4 CITY-ST-ZIP	
TITLE	CD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELY, KEN	2.2 NAME	Dr. Pepe Martinez
STREET ADDRESS	3646 SOUTHCREST BLVD.	2.3 STREET ADDRESS	1600 Lakeland Hills Blvd.
CITY-ST-ZIP	LAKELAND FL 33813	2.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	VD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARTINEZ, JOSE	3.2 NAME	Russell, James
STREET ADDRESS	1600 LAKELAND HILLS BLVD.	3.3 STREET ADDRESS	5861 Lake Victoria Drive
CITY-ST-ZIP	LAKELAND FL 33813	3.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RUSSELL, JAMES	4.2 NAME	Mills, Dan
STREET ADDRESS	5861 LAKE VICTORIA DRIVE	4.3 STREET ADDRESS	5019 Lake in the Woods Blvd
CITY-ST-ZIP	LAKELAND FL 33813	4.4 CITY-ST-ZIP	Lakeland, FL 33813
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCELROY, ROBERT	5.2 NAME	
STREET ADDRESS	4315 GLENNIS DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL 33813	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 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.

SIGNATURE *Linda Lamona* 4/8/97 941-87-2500

CP2E037 (9/96)