

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

Mailing Address

809 SOUTH FLORIDA AVE.  
LAKELAND FL 33801

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LAKELAND FL 33801

FILED  
Sep 02 1998 8:00am  
Secretary of State



3. Date Incorporated or Qualified

06/22/1981

4. FEI Number

59-2131677

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

Yes 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

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

TITLE PS  
NAME LAMONA, LINDA  
STREET ADDRESS 809 S. FLORIDA AVENUE  
CITY-ST-ZIP LAKELAND FL 33815

DELETE

TITLE CD  
NAME MARTINEZ, PEPE D  
STREET ADDRESS 1600 LAKELAND HILLS BLVD  
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE VD  
NAME RUSSELL, JAMES  
STREET ADDRESS 5861 LAKE VICTORIA DR  
CITY-ST-ZIP LAKELAND FL

DELETE

TITLE SD  
NAME RUSSELL, JAMES  
STREET ADDRESS 5861 LAKE VICTORIA DRIVE  
CITY-ST-ZIP LAKELAND FL 33813

DELETE

TITLE TD  
NAME MCELROY, ROBERT  
STREET ADDRESS 4315 GLENNIS DRIVE  
CITY-ST-ZIP LAKELAND FL 33813

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE CD Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE SD Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE TD Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE VD Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

7.1 TITLE Rick Powers

7.2 NAME

7.3 STREET ADDRESS

7.4 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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)