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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # 758859

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

06/22/1981

4. FEI Number

59-2131677

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

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 VD
NAME POWERS, RICK
STREET ADDRESS 6003 IRBY LANE W
CITY-ST-ZIP LAKELAND FL 33811 ☐ DELETE

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

TITLE SD
NAME PHILLIPSON, CAROLE
STREET ADDRESS 1100 OAKBRIDGE PKWY #126
CITY-ST-ZIP LAKELAND FL 33803 ☐ DELETE

TITLE TD
NAME KILLEBREW, SAM
STREET ADDRESS 1007 LAKE MIRIAM DRIVE
CITY-ST-ZIP WINTER HAVEN FL 33884 ☐ DELETE

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

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 CD ☒ Change ☐ Addition
2.2 NAME POWERS, RICK
2.3 STREET ADDRESS 6003 IRBY LANE W
2.4 CITY-ST-ZIP LAKELAND, FL 33811

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE TD ☒ Change ☐ Addition
4.2 NAME PHILLIPSON, CAROLE
4.3 STREET ADDRESS 1100 OAKBRIDGE PKWY #126
4.4 CITY-ST-ZIP LAKELAND, FL 33803

5.1 TITLE ☒ Change ☐ Addition
5.2 NAME KILLEBREW, SAM
5.3 STREET ADDRESS 1007 LAKE MIRIAM DRIVE
5.4 CITY-ST-ZIP WINTER HAVEN, FL 33884

6.1 TITLE ☐ Change ☒ Addition
6.2 NAME SD
6.3 STREET ADDRESS ATTAWAY, JOHN
6.4 CITY-ST-ZIP 2410 HOLLINGSWORTH HILL AVE
LAKELAND, FL 33803

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)