

FILE NOW: FILING FEE IS \$61.25

FILED  
May 01 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 # F94000005697 (7)

1. Corporation Name

GOODWILL INDUSTRIES OF THE GULF COAST, INC.



Principal Place of Business

Mailing Address

2448 GORDON SMITH DR  
MOBILE AL 36617

2448 GORDON SMITH DR  
MOBILE AL 36617-2319

3. Date Incorporated or Qualified 11/02/1994	3a. Date of Last Report 04/23/1996
4. FEI Number 63-0363472	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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	

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JOHN G. CONKLAN, JR.  
15 E. BRENT LANE  
PENSACOLA FL 32503

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C GIBSON, EVELYN	1.1 TITLE	V/D.
NAME	19 MIDTOWN PARK DR W. MOBILE AL 36608	1.2 NAME	DAVIS, E. BURNLEY
STREET ADDRESS		1.3 STREET ADDRESS	P.O. DRAWER "G" -N/A
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MOBILE, AL 36601
TITLE	C/D.	2.1 TITLE	
NAME	MATTEI, HARRY	2.2 NAME	
STREET ADDRESS	2065 OLD SHELL RD MOBILE AL 36607	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S	3.1 TITLE	S/D
NAME	QUACKENBUSH, DOTTIE	3.2 NAME	LYNN ROBINSON
STREET ADDRESS	61 ST. JOSEPH ST MOBILE AL 36603	3.3 STREET ADDRESS	P.O. BOX 8247 -N/A
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MOBILE, AL 36689
TITLE	T/D	4.1 TITLE	
NAME	JONES, GREGORY	4.2 NAME	
STREET ADDRESS	1 MAGNUM PASS MOBILE AL 36618	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	
NAME	HALFORD, DOUG	5.2 NAME	
STREET ADDRESS	421 N. PALAFOX PENSACOLA FL 32501	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	P.
NAME	BATCHELOR, LARRY	6.2 NAME	JOHN G. CONKLAN JR.
STREET ADDRESS	PO BOX 7504 MOBILE AL 36670	6.3 STREET ADDRESS	2448 GORDON SMITH DR.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MOBILE, AL 36617

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: *John G. Conklan, Jr.*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-18-97 (334) 471-1581  
Date Daytime Phone # 0078071

CR2E037 (9/96)