

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jul 10, 2001 08:00 AM
Secretary of State

DOCUMENT # F94000005697

1. Entity Name
 GOODWILL INDUSTRIES/EASTER SEALS OF THE GULF COAST, IN
 C.

Principal Place of Business 2448 GORDON SMITH DR MOBILE AL 36617	Mailing Address 2448 GORDON SMITH DR MOBILE AL 36617
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2. Principal Place of Business Suite, Apt. #, etc. City & State	3. Mailing Address Suite, Apt. #, etc. City & State
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4. FEI Number
63-0363472

Applied For	<input type="checkbox"/>
Not Applicable	<input checked="" type="checkbox"/>

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HARKINS FRANK 15 E. BRENT LANE PENSACOLA FL 32503 US		Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ DATE **07/10/2001**

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

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P HARKINS FRANK 2448 GORDON SMITH DR. MOBILE AL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition HARKINS FRANK 2448 GORDON SMITH DR. MOBILE AL 36617
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HALFORD DOUG 421 N. PALAFOX PENSACOLA FL 32501	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition LUCE ROBIN 1939 DAUPHIN ISLAND PARKWAY MOBILE AL 36605
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T JONES GREGORY 1 MAGNUM PASS MOBILE AL 36618	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition KINTZ MICHAEL P.O. BOX 6237 MOBILE AL 36660
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD ROBINSON LYNN P.O. BOX 8247-N/A MOBILE AL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition QUACKENBUSH DOTTIE P.O. BOX 1508 MOBILE AL 36633
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C MATTEI HARRY 2065 OLD SHELL RD MOBILE AL 36607	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD DAVIS E. BURNLEY P.O. DRAWER G N/A MOBILE AL	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK HARKINS P **07/10/2001**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day-time Phone #

CR2E037 (11/00)