## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# F94000005697

FILED Jan 26, 2007 Secretary of State

Entity Name: GOODWILL INDUSTRIES/EASTER SEALS OF THE GULF COAST, INC.

Current Principal Place of Business:			New Principal Plac	New Principal Place of Business:	
2448 GOR MOBILE, <i>A</i>	DON SMITH DF L 36617	₹			
Current Mailing Address:			New Mailing Addre	New Mailing Address:	
2448 GOR MOBILE, <i>A</i>	DON SMITH DE L 36617	₹			
FEI Number:	63-0363472	FEI Number Applied For ( )	FEI Number Not Applicable ( )	Certificate of Status Desired ( )	
Name and	Address of Cu	rrent Registered Agent:	Name and Address	of New Registered Agent:	
HARKINS, 15 E. BRE PENSACC		US			
	named entity so e of Florida.	ıbmits this statement for the p	urpose of changing its registe	red office or registered agent, or both,	
SIGNATU	RE:				
		Signature of Registered Age	1	B. I	
	Electronic	olghature of Registered Age	ent	Date	
OFFICER	Electronic S AND DIRECT			Date  GES TO OFFICERS AND DIRECTORS:	
Γitle: √ame: √ddress:	CB () I	ORS: Delete E NT ST. COURTROOM #4100			
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CB () I MCMAKEN, MIKE 205 GOVERNME MOBILE, AL 366	ORS: Delete E NT ST. COURTROOM #4100 144 Delete DDS COURT, S.	ADDITIONS/CHAN Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:	
DFFICER: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip: Title: Name: Address: City-St-Zip:	CB () I MCMAKEN, MIKE 205 GOVERNME MOBILE, AL 366 VC () I MELTON, RON 2551 MUIR WOO MOBILE, AL 366	ORS: Delete E NT ST. COURTROOM #4100 644 Delete DDS COURT, S. 193 Delete DCR.	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition	
Fitle: Name: Address: City-St-Zip: Fitle: Name: Address: City-St-Zip: Fitle: Name: Address:	CB () I MCMAKEN, MIKE 205 GOVERNME MOBILE, AL 366 VC () I MELTON, RON 2551 MUIR WOO MOBILE, AL 366 T () I DOUGLAS, BOY 3720 KENTAN DI MOBILE, AL 366	ORS: Delete E NT ST. COURTROOM #4100 444 Delete DDS COURT, S. 93 Delete CR. 608 Delete	ADDITIONS/CHAN  Title: Name: Address: City-St-Zip:  Title: Name: Address: City-St-Zip:  Title: Name: Address: Address: City-St-Zip:	GES TO OFFICERS AND DIRECTORS:  ( ) Change ( ) Addition  ( ) Change ( ) Addition	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK HARKINS P 01/26/2007