

# 2010 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F94000005697

FILED  
Feb 24, 2010  
Secretary of State

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

**Current Principal Place of Business:**

2448 GORDON SMITH DR  
MOBILE, AL 36617

**New Principal Place of Business:**

**Current Mailing Address:**

2448 GORDON SMITH DR  
MOBILE, AL 36617

**New Mailing Address:**

**FEI Number:** 63-0363472

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARKINS, FRANK  
15 E. BRENT LANE  
PENSACOLA, FL 32503 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: CB  
Name: DOUGLAS, BOYD JR  
Address: 3720 KENTAN DR.  
City-St-Zip: MOBILE, AL 36608

Title: VC  
Name: BELL, RAYMOND  
Address: P.O. BOX 1932  
City-St-Zip: MOBILE, AL 36633

Title: T  
Name: LADD, BRADFORD  
Address: 64 N. NORTH ROYAL ST.  
City-St-Zip: MOBILE, AL 36602

Title: S  
Name: D'OLIVE, PETER  
Address: P.O. BOX 70047  
City-St-Zip: MOBILE, AL 36670

Title: P  
Name: HARKINS, FRANK  
Address: 2448 GORDON SMITH DR.  
City-St-Zip: MOBILE, AL 36617

Title: COO  
Name: MCCAIN, JOHN  
Address: 2448 GORDON SMITH DR.  
City-St-Zip: MOBILE, AL 36617

I hereby 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 all other like empowered.

SIGNATURE: JOHN MCCAIN

COO

02/24/2010

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date