

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N01000003591

1. Entity Name

GOODWILL ACADEMY, INC.

Principal Place of Business

Mailing Address

5801 SPRUCE CREEK WOODS DR
PORT ORANGE FL 32127

5801 SPRUCE CREEK WOODS DR
PORT ORANGE FL 32127

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

Applied For

☒ Not Applicable

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

THOMPSON, WILLIAM N
5801 SPRUCE CREEK WOODS DR
PORT ORANGE FL 32127

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

William N Thompson Director

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

5 January 2002

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, WILLIAM N	
STREET ADDRESS	5801 SPRUCE CREEK WOODS DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, HELEN R.G.	
STREET ADDRESS	5801 SPRUCE CREEK WOODS DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	D	<input type="checkbox"/> Delete
NAME	THOMPSON, NICOLE	
STREET ADDRESS	5801 SPRUCE CREEK WOODS DR	
CITY-ST-ZIP	PORT ORANGE FL 32127	
TITLE	Director	<input type="checkbox"/> Delete
NAME	RACHEL THOMPSON, RACHEL	
STREET ADDRESS	5801 SPRUCE CREEK WOODS DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	THOMPSON, RACHEL	
STREET ADDRESS	5801 SPRUCE CREEK WOODS DR	
CITY-ST-ZIP	PORT ORANGE, FL 32127	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 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:

William N Thompson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5 Jan '02
William N. Thompson

Date

386-756-7847

Daytime Phone #

80002538



DO NOT WRITE IN THIS SPACE

CR2E037 (9/01)