2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 27, 2005
Secretary of State

DOCUMENT# N01000003591

Entity Name: GOODWILL ACADEMY, INC.

Current Principal Place of Business:

5801 SPRUCE CREEK WOODS DR
PORT ORANGE, FL 32127

New Principal Place of Business:

5801 SPRUCE CREEK WOODS DR
PORT ORANGE, FL 32127 US

Current Mailing Address:

5801 SPRUCE CREEK WOODS DR
PORT ORANGE, FL 32127

New Mailing Address:

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

THOMPSON, WILLIAM N
5801 SPRUCE CREEK WOODS DR
PORT ORANGE, FL 32127 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: D ( ) Delete
Name: THOMPSON, WILLIAM N
Address: 5801 SPRUCE CREEK WOODS DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: THOMPSON, HELEN R.G.
Address: 5801 SPRUCE CREEK WOODS DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: THOMPSON, NICOLE
Address: 5801 SPRUCE CREEK WOODS DR
City-St-Zip: PORT ORANGE, FL 32127

Title: D ( ) Delete
Name: THOMPSON, RACHEL
Address: 5801 SPRUCE CREEK WOODS DR
City-St-Zip: PORT ORANGE, FL 32127

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 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: WILLIAM N. THOMPSON D 01/27/2005
Electronic Signature of Signing Officer or Director — Date