

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011842

FILED
Mar 08, 2006
Secretary of State

Entity Name: GOODWILL ACADEMIES OF SOUTHWEST FLORIDA, INC.

Current Principal Place of Business:

4940 BAYLINE DR.
NORTH FORT MYERS, FL 33917

New Principal Place of Business:

Current Mailing Address:

4940 BAYLINE DR.
NORTH FORT MYERS, FL 33917

New Mailing Address:

FEI Number: 20-2089122 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

FEURIG, TOM
4940 BAYLINE DRIVE
NORTH FORT MYERS, FL 33917 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: P () Delete
Name: BYRD, RONALD N
Address: 208 SE 9TH TERRACE
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VP () Delete
Name: HALGRIM, THOMAS
Address: 5572 PERIOD DRIVE
City-St-Zip: FT MYERS, FL 33919

Title: T () Delete
Name: BARRETT, WILLIAM
Address: 13822 PINE VILLA LANE
City-St-Zip: FT MYERS, FL 33912

Title: D () Delete
Name: ARNALL, ROBERT M.D.
Address: 1324 LONGWOOD DRIVE
City-St-Zip: FT MYERS, FL 33919

Title: D () Delete
Name: BRADLEY, ROGER
Address: 250 HANSON STREET
City-St-Zip: FT MYERS, FL 33901

Title: D () Delete
Name: ROGERS, HATTON B
Address: 1772 CORAL WAY
City-St-Zip: NO FT MYERS, FL 33917

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D (X) Change () Addition
Name: DOZIER, JAMES L
Address: 2150 CHANNEL WAY
City-St-Zip: NORTH FORT MYERS, FL 33917

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 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: RONALD N. BYRD

P

03/08/2006

Electronic Signature of Signing Officer or Director

Date