## 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N04000011842

FILED Mar 08, 2006 Secretary of State

Entity Name: GOODWILL ACADEMIES OF SOUTHWEST FLORIDA, INC.

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  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or to in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	Current P	rincipal Plac	e of Business:		New Princ	cipal Place	of Business:	
4940 BAYLINE DR NORTH FORT MYERS, FL 33917  FEI Number: 20-2089122 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X Name and Address of Current Registered Agent:  Name and Address of New Registered Agent:  FEURIG, TOM 4940 BAYLINE DRIVE NORTH FORT MYERS, FL 33917 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or be in the State of Florida.  SIGNATURE:  Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  Title: P () Delete Name: BYRD, RONALD N Name: Address: 208 SE 971 TERRACE City-S-12/p: CAPE CORAL, FL 33990 US  Title: VP () Delete Name: HALGRIM, THOMAS Address: Address: DOZIER, JAMIES L Address: City-S-12/p: NORTH FORT MYERS, FL 33917  Title: T () Delete Name: BARRETT, WILLIAM Name: Address: 13822 PINE VILLIA LANE City-S-12/p: FT MYERS, FL 33919  City-S-12/p: Title: () Change () Addition Name: Mame: Mane: Mame: Mame			FL 33917					
Name and Address of Current Registered Agent:  FEURIG, TOM 4940 BAYLINE DRIVE NORTH FORT MYERS, FL 33917 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or to in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	Current M	CURTH FORT MYERS, FL 33917  Furrent Mailing Address:  940 BAYLINE DR. ORTH FORT MYERS, FL 33917  El Number: 20-2089122 FEI Number Applied For ( )  I ame and Address of Current Registered Agent:  EURIG, TOM 940 BAYLINE DRIVE ORTH FORT MYERS, FL 33917 US  The above named entity submits this statement for the particle of Florida.  IGNATURE:  Electronic Signature of Registered Agent:  Electronic Signature of Registered Agent:			New Maili	ng Addres	ss:	
Name and Address of Current Registered Agent:  FEURIG, TOM 4940 BAYLINE DRIVE NORTH FORT MYERS, FL 33917 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or to in the State of Florida.  SIGNATURE:    Electronic Signature of Registered Agent			FL 33917					
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4940 BAYLINE DRIVE NORTH FORT MYERS, FL 33917 US  The above named entity submits this statement for the purpose of changing its registered office or registered agent, or being the state of Florida.  SIGNATURE:    Electronic Signature of Registered Agent	Name and	Address of	Current Registered Ag	ent:	Name and	Address	of New Registered Agent:	
In the State of Florida.    SIGNATURE:   Electronic Signature of Registered Agent	4940 BAYL	LINE DRIVE	FL 33917 US					
Electronic Signature of Registered Agent  OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTIVE:  P () Delete			submits this statement f	or the purpose o	of changing i	its registere	ed office or registered agent, or bot	h,
OFFICERS AND DIRECTORS:  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:  Title: P () Obelete	SIGNATUR	RE:						
Title: P ( ) Delete		Electro	nic Signature of Register	ed Agent			Date	_
Name:         BYRD, RONALD N         Name:         Address:         Address:         Colyst-St-Zip:         Address:         Address:         Address:         Address:         City-St-Zip:         Address:         City-St-Zip:         D         (X) Change () Addition         Addition         Name:         DOZIER, JAMES L         Addition         Name:         DOZIER, JAMES L         Address:         2150 CHANNEL WAY         Address:         2150 CHANNEL WAY         Address:         City-St-Zip:         NORTH FORT MYERS, FL 33917         Address:         City-St-Zip:         NORTH FORT MYERS, FL 33917         NORTH FORT MYERS, FL 33917         Address:         City-St-Zip:         NORTH FORT MYERS, FL 33917         NORTH FORT MYERS, FL 33917         Address:         City-St-Zip:         Title:         () Change () Addition         Name:         Name:         Address:         City-St-Zip:         City-St-Zip: <th< td=""><td>OFFICERS</td><td>S AND DIREC</td><td>CTORS:</td><td></td><td>ADDITION</td><td>IS/CHANG</td><td>ES TO OFFICERS AND DIRECT</td><td>ORS:</td></th<>	OFFICERS	S AND DIREC	CTORS:		ADDITION	IS/CHANG	ES TO OFFICERS AND DIRECT	ORS:
Name: HALGRIM, THOMAS Address: 5572 PERNOD DRIVE City-St-Zip: FT MYERS, FL 33919 City-St-Zip: NORTH FORT MYERS, FL 33917  Title: T () Delete Name: BARRETT, WILLIAM Address: 13822 PINE VILLA LANE City-St-Zip: FT MYERS, FL 33912 City-St-Zip: FT MYERS, FL 33912  Title: D () Delete Title: () Change () Addition Name: ARNALL, ROBERT M.D. Address: 1324 LONGWOOD DRIVE City-St-Zip: FT MYERS, FL 33919 City-St-Zip: FT MYERS, FL 33910  Title: D () Delete Name: BRADLEY, ROGER Address: 250 HANSON STREET City-St-Zip: FT MYERS, FL 33901 City-St-Zip: FT MYERS, FL 33901  Title: D () Delete Title: () Change () Addition Name: ROGERS, HATTON B  Name: ROGERS, HATTON B	Name: Address:	BYRD, RONAL 208 SE 9TH TI	.D N ERRACE		Name: Address:		() Change () Addition	
Name: BARRETT, WILLIAM Name: Address: 13822 PINE VILLA LANE Address: City-St-Zip: FT MYERS, FL 33912 City-St-Zip:  Title: D () Delete Title: () Change () Addition Name: ARNALL, ROBERT M.D. Name: Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip:  Title: D () Delete Title: () Change () Addition Name: Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip: Title: () Change () Addition Name: BRADLEY, ROGER Name: Address: City-St-Zip: FT MYERS, FL 33901 City-St-Zip: Title: D () Change () Addition Name: ROGERS, HATTON B Name: () Change () Addition Name: ROGERS, HATTON B	Name: Address:	HALGRIM, THO 5572 PERNOE	OMAS D DRIVE		Name: Address:	DOZIER, J. 2150 CHAN	AMÉS L NNEL WAY	
Name: ARNALL, ROBERT M.D. Name: Address: 1324 LONGWOOD DRIVE Address: City-St-Zip: FT MYERS, FL 33919 City-St-Zip:  Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: Address: City-St-Zip: City-St-Zip: Title: D ( ) Delete Name: Address: City-St-Zip: FT MYERS, FL 33901 City-St-Zip: Title: D ( ) Delete Title: ( ) Change ( ) Addition Name: ROGERS, HATTON B Name:	Name: Address:	BARRETT, WI 13822 PINE VI	LLIAM ILLA LANE		Name: Address:		( ) Change ( ) Addition	
Name:         BRADLEY, ROGER         Name:           Address:         250 HANSON STREET         Address:           City-St-Zip:         FT MYERS, FL 33901         City-St-Zip:           Title:         D () Delete         Title: () Change () Addition           Name:         ROGERS, HATTON B         Name:	Name: Address:	ARNALL, ROB 1324 LONGW	ERT M.D. OOD DRIVE		Name: Address:		( ) Change ( ) Addition	
Name: ROGERS, HATTON B Name:	Name: Address:	BRADLEY, RC 250 HANSON	OGER STREET		Name: Address:		() Change () Addition	
Address: 1772 CORAL WAY Address: City-St-Zip: NO FT MYERS, FL 33917 City-St-Zip:	Name: Address:	ROGERS, HAT 1772 CORAL \	TTON B WAY		Name: Address:		() 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: RONALD N. BYRD P 03/08/2006