

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N04000011842

FILED  
Feb 04, 2009  
Secretary of State

**Entity Name:** GOODWILL ACADEMIES OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

940 TARPON STREET  
FORT MYERS, FL 33916

**New Principal Place of Business:**

**Current Mailing Address:**

4300 N. UNIVERSITY DRIVE  
SUITE C 201  
SUNRISE, FL 33351

**New Mailing Address:**

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

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

CHARTER SCHOOL ASSOCIATES, INC.  
4300 N. UNIVERSITY DRIVE  
SUITE C 201  
SUNRISE, FL 33351 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: C ( ) Delete  
Name: BYRD, RONALD N  
Address: 208 SE 9TH TERRACE  
City-St-Zip: CAPE CORAL, FL 33990 US

Title: VC ( ) Delete  
Name: RUSSELL, BETSY  
Address: 9850 WILD GINGER DRIVE  
City-St-Zip: FORT MYERS, FL 33919

Title: T ( ) Delete  
Name: BRADLEY, ROGER  
Address: 2570 HANSON STREET  
City-St-Zip: FT MYERS, FL 33901

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

Title: D ( ) Delete  
Name: SCHNEIDER, DALE  
Address: 7000 BARRANCAS AVENUE  
City-St-Zip: BOKEELIA, FL 33922

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: ( ) 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:

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

I hereby certify that the information supplied with this filing does not qualify 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: BETSY RUSSELL

VC

02/04/2009

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

\_\_\_\_\_  
Date