


FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. Morhart</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N47114 (6)</b> 1. Corporation Name <b>THE GOODWILL SUNCOAST FOUNDATION, INC.</b>					
Principal Place of Business <b>PO BOX 14456 ST. PETERSBURG FL 33733-4456</b>			Mailing Address <b>PO BOX 14456 ST. PETERSBURG FL 33733-4456</b>		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country		3. Date Incorporated or Qualified <b>02/03/1992</b> 4. FEI Number <b>59-3104116</b> Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					
9. Name and Address of Current Registered Agent <b>WAITS, R. LEE 10596 GANDY BOULEVARD ST. PETERSBURG FL 33702</b>			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code		
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME <b>WAITS, R. LEE</b>			1.2 NAME <b>WAITS, R. LEE</b>		
STREET ADDRESS <b>15819 REDINGTON DR,</b>			1.3 STREET ADDRESS <b>10596 GANDY BLVD</b>		
CITY-ST-ZIP <b>REDINGTON BEACH FL 33708</b>			1.4 CITY-ST-ZIP <b>ST PETERSBURG FL 33702</b>		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>SIVER, ROBERT I</b>			2.2 NAME <b>VAUGHN, EDWARD M JR</b>		
STREET ADDRESS <b>801 SIXTH ST S</b>			2.3 STREET ADDRESS <b>2825 Valencia Lane W.</b>		
CITY-ST-ZIP <b>ST PETE FL</b>			2.4 CITY-ST-ZIP <b>Palm Harbor, FL 34684</b>		
TITLE <input checked="" type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME <b>BAYNARD, WILLIAM T</b>			3.2 NAME <b>ST</b>		
STREET ADDRESS <b>100 2ND AVENUE S., STE. 1202</b>			3.3 STREET ADDRESS <b>MILLS, BLAIR G.</b>		
CITY-ST-ZIP <b>ST. PETERSBURG FL 33701</b>			3.4 CITY-ST-ZIP <b>100 5TH AV S</b>		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

SIGNATURE:

R. Lee Waits, President & CEO

1/20/98

(813)523-1512

CR2E037 (10/97)