FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**



FLORIDA DEPARTMENT OF STATE Sandra B. Morthany

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

(6)

THE GOODWILL SUNCOAST FOUNDATION, INC.

| Principal Place of Business | Malling Address | | | |
|--|--|--|--|--|
| PO BOX 14456 ST. PETERSBURG FL 33733-4456 | PO BOX 14456 ST. PETERSBURG FL 33733-4456 | | | |
| | | | | |

FILED Apr 14 1998 8:00am Secretary of State



Applied For

3. Date Incorporated or Qualified

4. FEI Number

| | | | | | 59-3104116 | Not Applicable | |
|---|--|--------------------------------|----------------------------|---|---|----------------------------|--|
| | ipal Place of Business 2a. Mailing Address | | | | 5. Certificate of Status Desired | \$8.75 Additional | |
| 21 | | 26 | | | S. Certificate of Status Desired | Fee Required | |
| Suite, Apt. | #, etc. | Suite, Apt. #, etc. | | 6. Election Campaign Financing | \$5.00 May Be | | |
| 22 City & State | 27 | | Trust Fund Contribution | Added to Fees | | | |
| City & State City & State | | | | 7. Is this nonprofit corporation a homeowr | | | |
| Zip | Country | Zip Country | | | ☐ Yes | ⊠ No | |
| 24 | 25 | ⊢ ' ⊢ | 30 | • | This corporation owes or has paid the of Personal Property Tax due June 30. | current year Intangible | |
| - | 9. Name and Address of Current Registered Agent | | | 10. Name and Address of New Registered Agent | | | |
| | | | | 81 Name | | | |
| WAITS, R. LEE | | | · | | | | |
| 10596 GANDY BOULEVARD | | | 82 | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| ST. PETERSBURG FL 33702 | | | 63 | <u> </u> | | | |
| 1 | | | | | | | |
| 1 | | | 84 | City | F | 85 Zip Code | |
| 11. Pursuant | to the provisions of Sections 617.0502 | and 617.1508, Florida Statute | s, the above | e-named d | cornoration submits this statement for the nursage | of changing its registered | |
| 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 | | | iou oilitaio | | | | |
| | Signature, typed or printed name of registered agent | and title if applicable (NOTE: | Registered Age | nt signature re | equired when reinstating) DATE | | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OFFICERS AF | | |
| TITLE | T | ☐ DELETE | 1.1 TITLE | | T | Change | |
| NAME | WAITS, R. LEE | | 1.2 NAME | | WAITS, R. LEE | | |
| STREET ADDRESS | 15819 REDINGTON DR, | | 1.3 STREET | ADDRESS | 10596 GANDY BLVD | | |
| CITY-ST-ZIP | REDINGTON BEACH FL 33708 | | 1.4 CITY-S | T-ZIP | ST PETERSBURG FL 33702 | | |
| TITLE | 0.50 000505 | DELETE | 2.1 TITLE | V. | CT | ☐ Change ☑ Addition | |
| NAME | SIVER, ROBERT I | | 2.2 NAME | Ŋ | VAUGHN, EDWARD M JR | | |
| STREET ADDRESS | 801 SIXTH ST S | | 2.3 STREET | | 2825 Valencia Lane W. | | |
| CITY-ST-ZIP | ST PETE FL ST | DELETE | 2.4 CITY-S | ST-ZIP | Palm Harbor, FL 34684 | | |
| TITUE | | DELDELETE | 3.1 TITLE | | ST | Change X Addition | |
| NAME CTOTET ADDOCCO | BAYNARD, WILLIAM T 100 2ND AVENUE S., STE. 120 | ^ | 3.2 NAME | | MILLS, BLAIR G. | | |
| STREET ADDRESS | ST. PETERSBURG FL 33701 | 16 | 3.3 STREET | - 1 | 100 5TH AVE S | | |
| CITY-ST-ZIP | SI. FEIENSDUNG FL 33/VI | DELETE | 3.4. CITY-S | ST-ZIP | ST PETERSBURG FL. 33701-50 | | |
| NAME | | ☐ pereie | | - 1 | | Change Addition | |
| STREET ADDRESS | | | 4. 2 NAME | *DD0000 | | İ | |
| CITY-ST-ZIP | | | 4.3 STREET | | | | |
| TITLE | | ☐ DELETE | 4.4 CITY - S' 5.1 TITLE | 1-217 | | Change Addition | |
| NAME | | | 5.2 NAME | - | | | |
| STREET ADDRESS | | | 5.2 NAME 5.3 STREET | ADDDECC | | | |
| CITY-ST-ZIP | | | 1 | | | | |
| TITLE | | DELETE | 5.4 CITY-S' 6.1 TITLE | 1-ZIP | | Change Addition | |
| NAME | | | 6.2 NAME | | | | |
| STREET ADDRESS | | | 6.3 STREET | TUUDEGO | • | | |
| SINCE AUTORESS | | | 6.3 SIKEEI | AUUHESS | | | |

14. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

R. Lee Walts, President SIGNATURE:

1/20/98

(813)523-1512