

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90026 048 ****70.00

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47114

1. Corporation Name

THE GOODWILL SUNCOAST FOUNDATION, INC.

Principal Place of Business

~~PO BOX 14456~~ **10596 GANDY Blvd.**
ST. PETERSBURG FL 33739-4456 33702

Mailing Address

PO BOX 14456
ST. PETERSBURG FL 33733-4456



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 **25**

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 **30**

3. Date Incorporated or Qualified

02/03/1992

4. FEI Number

59-3104116

Applied For
☒ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

WAITS, R. LEE
10596 GANDY BOULEVARD
ST. PETERSBURG FL 33702

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 **R. Lee Waits, President & CEO**

2/12/99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **T** ☐ DELETE

NAME **WAITS, R. LEE**
STREET ADDRESS **10596 GANDY BLVD**
CITY-ST-ZIP **ST. PETERSBURG FL 33702**

TITLE **T** ☐ DELETE

NAME **SIVER, ROBERT I**
STREET ADDRESS **801 SIXTH ST S**
CITY-ST-ZIP **ST PETE FL**

TITLE **CT** ☐ DELETE

NAME **VAUGHN, JR. E**
STREET ADDRESS **2825 VALENCIA LANE W**
CITY-ST-ZIP **PALM HARBOR FL 34684**

TITLE **ST** ☐ DELETE

NAME **MILLS, BLAIR G.**
STREET ADDRESS **100 5TH AVE S**
CITY-ST-ZIP **ST. PETERSBURG FL 33701**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS **114 Giralda Blvd., NE**
2.4 CITY-ST-ZIP **33704**

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS **VAUGHN, JR. EDWARD M.**
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS **2455 Lake Point Lane**
4.4 CITY-ST-ZIP **Clearwater, FL 33762**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE:

R. Lee Waits, President & CEO
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/99 (727) 523-1512

Date

Daytime Phone #

CR2E037 (11/98)