

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 8, 1995.
AMOUNT DUE ON OR BEFORE 8/8/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$395)

NONPROFIT
CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005330 (5)

1. Corporation Name

GOALS FOR SUCCESS, INC.

FILED

95 JUN 29 PM 1:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/26/1994	3a. Date of Last Report N/A
4. FEI Number	☒ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	☒ FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	

Principal Place of Business		Mailing Address	
1618 EL CAMINO ROAD STE. 5 JACKSONVILLE FL 32216		1618 EL CAMINO ROAD STE. 5 JACKSONVILLE FL 32216	
2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes
21 4129 Emerson St	26 4129 Emerson St	☐ \$8.75 Additional Fee Required	☐ Yes ☒ No
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution	
22	27	☐ \$5.00 May Be Added to Fees	
23 City & State Jacksonville FLA.	28 City & State Jacksonville FLA.	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	
24 Zip 32207	29 Zip 32207	☒ FILING FEE IS \$61.25	
25 Country Duval	30 Country Duval		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HESTER, DIANE 1618 EL CAMINO ROAD STE. 5 JACKSONVILLE FL 32216		81 Name Diane Hester 82 Street Address (P.O. Box Number is Not Acceptable) 4129 Emerson St 83 84 City Jacksonville FL 85 Zip Code 32207	
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 <u>Diane Hester</u>		DATE <u>6-26-95</u>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE ☐ Change ☐ Addition	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE		21 TITLE ☐ Change ☐ Addition	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE		31 TITLE ☐ Change ☐ Addition	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE		41 TITLE ☐ Change ☐ Addition	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE ☐ Change ☐ Addition	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE ☐ Change ☐ Addition	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.

SIGNATURE: Diane Hester Diane Hester
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Outstate Person's