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FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N94000005330 (5)

1. Corporation Name

GOALS FOR SUCCESS, INC.



Principal Place of Business

Mailing Address

4129 EMERSON ST
JACKSONVILLE FL 32207
US

4129 EMERSON ST
JACKSONVILLE FL 32207
US

3. Date Incorporated or Qualified

10/26/1994

4. FEI Number

NOT APPLICABLE

☒ Applied For

☐ Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Same as Above

28 Same as above

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HESTER, DIANE
4129 EMERSON ST
JACKSONVILLE FL 32207

81 Name Jeanette Flynn
82 Street Address (P.O. Box Number is Not Acceptable)
958 Townsend Blvd
83
84 City Jax FL 85 Zip Code 32216

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]*
Signature, typed or printed name of registered agent and firm if applicable

[Signature] Jeanette Flynn
(NOTE: Registered Agent signature required when resigning)

4/29/98
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☒ DELETE
NAME HESTER, DIANE
STREET ADDRESS 814 IBIS ROAD
CITY-ST-ZIP JACKSONVILLE FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME GREENR, BRENDA
STREET ADDRESS C/O 1618 EL CAMINO ROAD STE. 5
CITY-ST-ZIP JACKSONVILLE FL 32216

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME MYERS, GAIL
STREET ADDRESS C/O 1618 EL CAMINO ROAD STE. 5
CITY-ST-ZIP JACKSONVILLE FL 32216

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME Third Vice President
STREET ADDRESS Jeanette Flynn
CITY-ST-ZIP 4129 Emerson St
Jax Fla 32207

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☒ DELETE
NAME
STREET ADDRESS
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)(l), 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

[Signature]

4/29/98

941-321-1700

CR2E037 (10/97)