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FILED
May 13 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002732 (4)

1. Corporation Name

WILLIAM J. AND GLORIA GOODMAN FOUNDATION, INC.



Principal Place of Business

Mailing Address

~~890 S.R. 434 NORTH -~~~~890 S.R. 434 NORTH -~~~~ALTAMONTE SPRINGS FL~~~~ALTAMONTE SPRINGS FL 32714~~860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

3. Date Incorporated or Qualified

06/12/1995

3a. Date of Last Report

05/01/1996

2. Principal Place of Business

21 860 State Road 434 North

2a. Mailing Address

26 860 State Road 434 North

4. FEI Number

59-3319510

Applied For

Not Applicable

Suite, Apt. #, etc.

22 Suite 7

Suite, Apt. #, etc.

27 Suite 7

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

City & State

23 Altamonte Springs, FL

City & State

28 Altamonte Springs, FL

6. Election Campaign Financing

Trust Fund Contribution ☐\$5.00 May Be
Added to Fees

Zip

24 32714

Country

25 USA

Zip

29 32714

Country

30 USA

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOODMAN, WILLIAM J
890 S.R. 434 NORTH
ALTAMONTE SPRINGS FL860 State Road 434 North, Suite 7
Altamonte Springs, FL 32714

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

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 D ☐ DELETENAME GOODMAN, WILLIAM J
STREET ADDRESS 103 SAND PINE LANE
CITY-ST-ZIP LONGWOOD FL 327791.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME GOODMAN, GLORIA
STREET ADDRESS 103 SAND PINE LANE
CITY-ST-ZIP LONGWOOD FL 327792.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE D ☐ DELETENAME GOODMAN, LAUREN B
STREET ADDRESS 2451 JENNIFER HOPE LANE
CITY-ST-ZIP LONGWOOD FL 327793.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIP6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

William J. Goodman 4/23/97 (407) 788-6555

Date

Daytime Phone # 0013137

CR2E037 (9/96)