2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 12, 2008
Secretary of State

DOCUMENT# N96000003027

Entity Name: GOODWILL ENDOWMENT, INC.

Current Principal Place of Business:

4527 LENOX AVE
JACKSONVILLE, FL 32205

New Principal Place of Business:

Current Mailing Address:

4527 LENNOX AVE
JACKSONVILLE, FL 32205 US

New Mailing Address:

FEI Number: 59-3387329 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROBERT, THAYER
4527 LENOX AVE.
JACKSONVILLE, FL 32205 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: CD ( ) Delete
Name: STITES, ARTHUR J
Address: 5644 COLCORD AVE.
City-St-Zip: JACKSONVILLE, FL 32211

Title: SCD ( ) Delete
Name: HENSON, CURTIS
Address: 1809 ART MUSEUM DR, SUITE 202
City-St-Zip: JACKSONVILLE, FL 32207

Title: TD ( ) Delete
Name: TEAGLE, JAMES
Address: 3622 CATHEDRAL COVE RD.
City-St-Zip: JACKSONVILLE, FL 32217

Title: CD ( ) Delete
Name: MOORER, RANDOLPO
Address: 10407 CENTURIAN PARKWAY AVE.
City-St-Zip: JACKSONVILLE, FL 32245

Title: PR ( ) Delete
Name: THAYER, ROBERT H
Address: 4527 LENOX AVE.
City-St-Zip: JACKSONVILLE, FL 32205

Title: ( ) Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP ( ) Change (X) Addition
Name: STEPHENSON, MARK A
Address: 4527 LENOX AVE.
City-St-Zip: JACKSONVILLE, FL 32205

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: ROBERT THAYER PR 02/12/2008

Electronic Signature of Signing Officer or Director — Date