


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 01, 2005 08:00 AM
Secretary of State

DOCUMENT # N99000000812	
1. Entity Name GOODWILL FOUNDATION, INC.	

Principal Place of Business 8490 N LOCKWOOD RIDGE ROAD SARASOTA, FL 34243	Mailing Address 8490 N LOCKWOOD RIDGE ROAD SARASOTA, FL 34243
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07052005 No Chg-NP CR2E037 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0901170	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, P.A. 802 11TH STREET WEST BRADENTON, FL 34205

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$61.25
Due by September 7, 2005**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00** May Be
Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P KARPATHY, ZOLTAN 8490 N LOCKWOOD RIDGE ROAD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROBERTS, DONALD L 8490 N LOCKWOOD RIDGE ROAD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD WALTERS, CLIFFORD L 8490 N LOCKWOOD RIDGE ROAD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ISSAC, WILLIAM 8490 N LOCKWOOD RIDGE ROAD SARASOTA, FL 34243
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000375170
08/01/05-80005-015 61.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

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

18 July 2005 (941) 955-4483
Date Daytime Phone #