


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 24, 2008 08:00 AM
Secretary of State

DOCUMENT # N99000004156	
1. Entity Name FLORIDA GOODWILL ASSOCIATION INCORPORATED	

Principal Place of Business 1715 TIFFANY DR. EAST W. PALM BCH, FL 33407-3277	Mailing Address 1715 TIFFANY DR. EAST W. PALM BCH, FL 33407-3277
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04012008 No Chg-NP CR2E037 (4/06)

4. FEI Number 31-1667466	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

TANCK, MARVIN A
1715 TIFFANY DR E
WEST PALM BEACH, FL 33407

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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 May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	000000918084 05/13/08-80068-022 61.25
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD TANCK, MARVIN A 1715 TIFFANY DR. EAST W. PALM BCH, FL 334073277
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD COLEMAN, RICHARD L 6400 S. ORANGE AVE. ORLANDO, FL 32809
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD THAYER, ROBERT H 4527 LENOX AVE. JACKSONVILLE, FL 32205
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P SHELPER, FRED JR 300 MALBRY ST TALLAHASSEE, FL 323043899
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:  **4-21-08**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #