

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700870

**Entity Name:** GOODWILL INDUSTRIES OF NORTH FLORIDA, INC.

**Current Principal Place of Business:**

4527 LENOX AVE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

4527 LENOX AVE  
JACKSONVILLE, FL 32205 US

**FEI Number: 59-0637858**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

THAYER, ROBERT H  
4527 LENOX AVENUE  
JACKSONVILLE, FL 32205 US

*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

**Officer/Director Detail :**

Title           TREASURER  
Name           EASTLAND, ERIC  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           CEO  
Name           THAYER, ROBERT H  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           SECRETARY  
Name           GOLDMAN, JEANNE  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           ASST TREASURER  
Name           STITES, ART  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           CFO  
Name           CHRISTINE, PAIGE  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           FIRST VICE CHAIRMAN  
Name           GARWOOD, DAVID  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           CHAIRMAN  
Name           BRYANT, JODI  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           SECOND VICE CHAIRMAN  
Name           MILLER, JEANNE  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

*I hereby 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 all other like empowered.*

**SIGNATURE: PAIGE CHRISTINE**

**CFO**

**02/05/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date