

**2019 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           CHAIRPERSON  
Name           MILLER, JEANNE  
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           FIRST VICE CHAIR  
Name           FORD, NATHANIEL SR.  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           SECOND VICE CHAIR  
Name           ANAPOLSKY, MICHAEL  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title           COO  
Name           PHILLIPS, KAREN  
Address        4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

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

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

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

**Continues on page 2**

*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: DAVID REY**

**CFO**

**04/30/2019**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title CHIEF HUMAN RESOURCE OFFICER  
Name SMITH, LISA  
Address 4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205

Title CHIEF DEVELOPMENT / CAREER  
SERVICES OFFICER  
Name LEAH , LYNCH  
Address 4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205