

2020 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 700870

FILED
Jan 16, 2020
Secretary of State
1065037308CC

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:

REY, DAVID
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: DAVID REY

01/16/2020

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/PRESIDENT
Name REY, DAVID
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 WALLACE, AUNDRA
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 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

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

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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

CEO/PRESIDENT

01/16/2020

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title CHIEF MISSION OFFICER
Name LEAH , LYNCH
Address 4527 LENOX AVE
City-State-Zip: JACKSONVILLE FL 32205