

2015 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 MARVIN, GUY IV
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 STOVER, CINDY
Address 4527 LENOX AVE
City-State-Zip: JACKSONVILLE FL 32205

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

Title SECOND VICE CHAIR
Name MILLER, JEANNE M
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

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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

CFO

03/31/2015

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title SECRETARY

Name GOLDMAN, JEANNE

Address 4527 LENOX AVE

City-State-Zip: JACKSONVILLE FL 32205