

**2018 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	STOVER, CINDY
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	MILLER, JEANNE
Address	4527 LENOX AVE
City-State-Zip:	JACKSONVILLE FL 32205

Title	SECOND VICE CHAIR
Name	FORD, NATHANIEL P SR.
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	ANAPOLSKY, MICHAEL
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****04/30/2018**\_\_\_\_\_  
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