

2022 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:

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

04/07/2022

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title CHAIRPERSON
Name FORD, NATHANIEL SR.
Address 4527 LENOX AVE
City-State-Zip: JACKSONVILLE FL 32205

Title FIRST VICE CHAIR
Name WALLACE, AUNDRA
Address 4527 LENOX AVE
City-State-Zip: JACKSONVILLE FL 32205

Title CHIEF REAL ESTATE OFFICER
Name PHILLIPS, KAREN
Address 4527 LENOX AVE
City-State-Zip: JACKSONVILLE FL 32205

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

Title SECRETARY
Name GNAGE, MARIE DR.
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

Title VP OF FINANCE
Name BUSCEMI, NICHOLAS
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: NICHOLAS BUSCEMI

VP OF FINANCE

04/07/2022

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

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

Title VP OF AFTERMARKET, LOGISTICS,
ECOMMERCE, & DONATION CENTERS
Name JOHNSON, KEN
Address 4527 LENOX AVE
City-State-Zip: JACKSONVILLE FL 32205

Title VP OF RETAIL
Name CLOUD, JESSICA
Address 4527 LENOX AVE.
City-State-Zip: JACKSONVILLE FL 32205

Title VP OF MISSION DEVELOPMENT
Name CLOWE, MICHELLE
Address 4527 LENOX AVE.
City-State-Zip: JACKSONVILLE FL 32205

Title VP OF EDUCATION
Name ARLINGTON, KAREN
Address 4527 LENOX AVE.
City-State-Zip: JACKSONVILLE FL 32205

Title SECOND TREASURER
Name STOVER, CINDY
Address 4527 LENOX AVE
City-State-Zip: JACKSONVILLE FL 32205

Title VP OF MARKETING &
COMMUNICATIONS
Name SUWAK, REBEKAH
Address 4527 LENOX AVE
City-State-Zip: JACKSONVILLE FL 32205

Title VP OF CAREER SERVICES
Name MCGRAW, DANE
Address 4527 LENOX AVE.
City-State-Zip: JACKSONVILLE FL 32205

Title VP OF FACILITIES
Name COMBS, BRAD
Address 4527 LENOX AVE.
City-State-Zip: JACKSONVILLE FL 32205