

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 700870

**FILED**  
**Mar 29, 2016**  
**Secretary of State**  
**CC9417870965**

**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

**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**

**03/29/2016**

\_\_\_\_\_  
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