

**2020 FLORIDA NOT FOR PROFIT CORPORATION AMENDED 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

03/18/2020

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 CHIEF REAL ESTATE OFFICER  
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:** NICHOLAS BUSCEMI

VP OF FINANCE

03/18/2020

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

Title VP OF FINANCE  
Name BUSCEMI, NICHOLAS  
Address 4527 LENOX AVE  
City-State-Zip: JACKSONVILLE FL 32205