

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 711058

**Entity Name:** GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA, INC.

**Current Principal Place of Business:**

5100 TICE STREET  
FORT MYERS, FL 33905

**Current Mailing Address:**

5100 TICE STREET  
FORT MYERS, FL 33905 US

**FEI Number: 59-6196141**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

EVANCHYK, RICHARD L  
5100 TICE STREET  
FORT MYERS, FL 33905 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: RICHARD L EVANCHYK**

**01/10/2017**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            EVANCHYK, RICHARD L  
Address        5100 TICE STREET  
City-State-Zip: FORT MYERS FL 33905

Title            VP OF FINANCE  
Name            DOUGLAS , STEWART A  
Address        5100 TICE STREET  
City-State-Zip: FORT MYERS FL 33905

Title            VP OF RETAIL OPERATIONS  
Name            NADEAU, JOHN A  
Address        5100 TICE STREET  
City-State-Zip: FORT MYERS FL 33905

Title            VP OF COMMUNITY SUPPORT SERVICES  
Name            RICHARDS , FREDERICK R  
Address        5100 TICE STREET  
City-State-Zip: FORT MYERS FL 33905

Title            VP OF COMMUNICATION & DEVELOPMENT  
Name            JOHNSON , CAROLYN A  
Address        5100 TICE STREET  
City-State-Zip: FORT MYERS FL 33905

Title            TREASURER  
Name            ARNALL , ROBERT M  
Address        625 SUNNYSIDE COURT  
City-State-Zip: FORT MYERS FL 33919

Title            SECRETARY  
Name            GREEN , CAROLYN S  
Address        12469 ROCK RIDGE LANE  
City-State-Zip: FORT MYERS FL 33913

*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: RICHARD L EVANCHYK**

**PRESIDENT/CEO**

**01/10/2017**

Electronic Signature of Signing Officer/Director Detail

Date