

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000122295

**FILED**  
**Feb 26, 2014**  
**Secretary of State**  
**CC5835822719**

**Entity Name:** GOODWILL INDUSTRIES OF SOUTHWEST FLORIDA NMTC  
RESOURCES I, LLC

**Current Principal Place of Business:**

5100 TICE ST  
FT MYERS, FL 33905

**Current Mailing Address:**

5100 TICE ST  
ATTN: ACCOUNTING  
FT MYERS, FL 33905 US

**FEI Number: 46-1056972**

**Certificate of Status Desired: No**

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

FEURIG, THOMAS L  
5100 TICE ST  
ATTN: ACCOUNTING  
FT 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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

Title CHAIRMAN  
Name SULLIVAN, MICHAEL W  
Address 15000 OLD 41 NORTH  
City-State-Zip: NAPLES FL 34110

Title MANAGER  
Name ARNALL, ROBERT M  
Address 12681 CREEKSIDE LANE SUITE 145  
City-State-Zip: FT MYERS FL 33902

Title VC  
Name BARRETT, WILLIAN J  
Address 13822 PINE VILLA LANE  
City-State-Zip: FT MYERS FL 33912

Title PRESIDENT  
Name FEURIG, TOM  
Address 4940 BAYLINE DRIVE  
City-State-Zip: FT MYERS FL 33917

Title VP  
Name EVANCHYK, RICK  
Address 4940 BAYLINE DRIVE  
City-State-Zip: FT MYERS FL 33917

Title SECRETARY, TREASURER  
Name DORAMUS, JOHN W  
Address 4940 BAYLINE DRIVE  
City-State-Zip: FT MYERS FL 33917

*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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: TOM FEURIG**

**PRESIDENT**

**02/26/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date