

**2014 FOREIGN NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F94000005697

**FILED**  
**Jan 24, 2014**  
**Secretary of State**  
**CC4164490424**

**Entity Name:** GOODWILL INDUSTRIES/EASTER SEALS OF THE GULF COAST, INC.

**Current Principal Place of Business:**

2448 GORDON SMITH DR  
MOBILE, AL 36617

**Current Mailing Address:**

2448 GORDON SMITH DR  
MOBILE, AL 36617

**FEI Number: 63-0363472**

**Certificate of Status Desired: No**

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

HARKINS, FRANK  
15 E. BRENT LANE  
PENSACOLA, FL 32503 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 SECRETARY  
Name OMAINSKY, BOB  
Address 501 SPRINGPARK DR E  
City-State-Zip: MOBILE AL 36608

Title CHAIRMAN  
Name LADD, BRADFORD  
Address 64 N ROYAL ST  
City-State-Zip: MOBILE AL 36602

Title VC  
Name D'OLIVE, PETER  
Address PO BOX 70047  
City-State-Zip: MOBILE AL 36670

Title TREASURER  
Name LOTT, FRANK III  
Address PO BOX 190879  
City-State-Zip: MOBILE AL 36619

Title P  
Name HARKINS, FRANK  
Address 2448 GORDON SMITH DR.  
City-State-Zip: MOBILE AL 36617

Title COO  
Name MCCAIN, JOHN  
Address 2448 GORDON SMITH DR.  
City-State-Zip: MOBILE AL 36617

*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: JOHN MCCAIN**

**COO**

**01/24/2014**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date