

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004998

FILED
Mar 04, 2008
Secretary of State

Entity Name: BRIGHT HOLIDAYS, INC.

Current Principal Place of Business:

240 PONTE VEDRA PARK DRIVE
SUITE 150
PONTE VEDRA BEACH, FL 32082

New Principal Place of Business:

Current Mailing Address:

240 PONTE VEDRA PARK DRIVE
SUITE 150
PONTE VEDRA BEACH, FL 32082

New Mailing Address:

FEI Number: 20-2840502

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FRASER, THOMAS J JR
240 PONTE VEDRA PARK DRIVE
SUITE 150
PONTE VEDRA BEACH, FL 32082 US

Name and Address of New Registered Agent:

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

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: FORRESTER, JOHN
Address: 1357 WEST BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Delete
Name: CHUPP, CHARLES JR
Address: 1357 WEST BEAVER STREET
City-St-Zip: JACKSONVILLE, FL 32082

Title: D () Delete
Name: HUSK, MELANIE J
Address: 6 EAST BAY STREET
City-St-Zip: JACKSONVILLE, FL 32202

Title: D () Delete
Name: FRASER, THOMAS J JR
Address: 240 PONTE VEDRA PARK DRIVE, SUITE 150
City-St-Zip: PONTE VEDRA BEACH, FL 32082

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D () Change (X) Addition
Name: JOHNSON, SYLVIA
Address: 900 ACRON STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: D () Change (X) Addition
Name: HANSON, KARL
Address: 50 N. LAURA STREET, SUITE 2800
City-St-Zip: JACKSONVILLE, FL 32202

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: THOMAS J FRASER JR

D

03/04/2008

Electronic Signature of Signing Officer or Director

Date