

2019 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000004998

Entity Name: BRIGHT HOLIDAYS, INC.**Current Principal Place of Business:**7540 FOUNDERS WAY
PONTE VEDRA BEACH, FL 32082**Current Mailing Address:**7540 FOUNDERS WAY
PONTE VEDRA BEACH, FL 32082 US**FEI Number:** 20-2840502**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**SHREVE, MIKE
7540 FOUNDERS WAY
PONTE VEDRA BEACH, FL 32082 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:** MIKE SHREVE

01/28/2019

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title DIRECTOR
Name HUSK, MELANIE J
Address 10734 WAVERLEY BLUFF WAY
City-State-Zip: JACKSONVILLE FL 32223

Title DIRECTOR
Name JOHNSON, SYLVIA
Address 900 ACORN STREET
City-State-Zip: JACKSONVILLE FL 32209

Title DIRECTOR
Name WAGNER, PAIGE
Address 13133 VIA ROMA COURT
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name HOFFMANN, LINDSAY
Address 13375 STONE POND DR
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name KING, FRANCES
Address PO BOX 1556
City-State-Zip: PONTE VEDRA BEACH FL 32004

Title DIRECTOR
Name MILLER, TODD
Address 10768 ALUMNI WAY
City-State-Zip: JACKSONVILLE FL 32246

Title PRESIDENT
Name SHREVE, MIKE
Address 7540 FOUNDERS WAY
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name MCQUIDDY, DEAN
Address 1579 THE GREENS WAY
SUITE 20
City-State-Zip: JACKSONVILLE BEACH FL 32250

Continues on page 2

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: MIKE SHREVE

PRESIDENT

01/28/2019

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name HAWKINS, HANNAH
Address 917 SHORELINE CIRCLE
City-State-Zip: PONTE VEDRA BEACH FL 32082

Title DIRECTOR
Name REGAN, REGINA
Address 3782 SALTMEADOW CT S
City-State-Zip: JACKSONVILLE FL 32224

Title DIRECTOR
Name SIZEMORE, CAROLYN
Address 332 N LOMBARDY LOOP
City-State-Zip: ST JOHNS FL 32259

Title DIRECTOR
Name SWANTEK, HOLLY
Address 395 19TH STREET
City-State-Zip: ATLANTIC BEACH FL 32233

Title DIRECTOR
Name SIZEMORE, DAN
Address 332 N LOMBARDY LOOP
City-State-Zip: ST JOHNS FL 32259