2001 UNIFORM BUSINESS REPORT (UBR)

5/1/

FILED
Jun 21, 2001 8:00 am
Secretary of State
05-01-2001 90129 040 ****70.00

DOCUMENT # N00000007641

1. Entity Name

JOHNNIE WRIGHT FOUNDATION, INC.

UR

Principal Place of Business	Mailing Address
2750 HIGHLAND AVE FT MYERS FL 33902	2750 HIGHLAND AVE FT MYERS FL 33902

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
FT. Myers, FL	2750 Highland ave
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: FT. Myers, FL	City & State: FT. Myers, FL
Zip: 33916 Country: USA	Zip: 33916 Country: USA

4. FEI Number ☑ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WRIGHT, JOHNNIE L JR 2750 HIGHLAND AVE FT MYERS FL 33902	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

8. 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: Johnnie L. Wright L. Johnnie L. Wright, Jr. 4/26/01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25	9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees	Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BURNS, KEN 913 SW 23 STREET CAPE CORAL FL 33991	☐ Delete	Executive Director Johnnie L. Wright, Jr. 2750 Highland ave FT. Myers, FL 33916	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D SAPP, RICHARD 3275 SOUTH STREET FT MYERS FL 33916	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D WALKER, ROBERT 3985 DR MARTIN LUTHER KING JR BLVD FT MYERS FL 33916	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E037 (10/00)

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Johnnie L. Wright L. Johnnie L. Wright, Jr. 4/26/01 941-332-0692
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #