

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012744

FILED
Mar 03, 2009
Secretary of State

Entity Name: THE RIGHT 2 WORK CORPORATION

Current Principal Place of Business:

1010 N. DAVIS STREET
SUITE 205
JACKSONVILLE, FL 32209

New Principal Place of Business:

Current Mailing Address:

1010 N. DAVIS STREET
JACKSONVILLE, FL 32209

New Mailing Address:

1010 N. DAVIS STREET
SUITE 205
JACKSONVILLE, FL 32209

FEI Number: 16-1779658

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

MOON, KATY
1010 N. DAVIS STREET
JACKSONVILLE, FL 32209 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: BALDWIN, GEORGE H III
Address: 2360 SEGOVIA AVE
City-St-Zip: JACKSONVILLE, FL 32217

Title: D (X) Delete
Name: WILKINSON, GARY L
Address: 1301 RIVERPLACE BLVD
City-St-Zip: JACKSONVILLE, FL 32209

Title: TRES () Delete
Name: SUCHINDA, GRANT
Address: 1010 N. DAVIS STREET, SUITE 201
City-St-Zip: JACKSONVILLE, FL 32209

Title: P () Delete
Name: MOON, KATY
Address: 1010 N. DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: VP () Delete
Name: SHOEMAKER, CHUCK
Address: 1010 N. DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: WARREN, KEVIN
Address: 1010 N. DAVIS STREET
City-St-Zip: JACKSONVILLE, FL 32209

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

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

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: KATY MOON

PRES

03/03/2009

Electronic Signature of Signing Officer or Director

Date