2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000001509

Entity Name: BEVERLY J. WRIGHT MEMORIAL FUND, INC.

FILED Jan 19, 2008 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 211 HARTRIDGE HILLS COURT WINTER HAVEN, FL 33881 **Current Mailing Address: New Mailing Address:** PO BOX 1827 AUBURNDALE, FL 33823 FEI Number: 20-5792300 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: WRIGHT, VIRGINIA 211 HARTRIDGE HILLS COURT WINTER HAVEN, FL 33881 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:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Change () Addition () Delete WRIGHT, VIRGINIA Name: Name: 211 HARTRIDGE HILLS COURT Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: () Delete Title: (X) Change () Addition Name: WADLEY, ELLEN Name: WADLEY, MARY ELLEN Address: 355 E CUMMINGS STREET Address: 355 E CUMMINGS STREET City-St-Zip: LAKE ALFRED, FL 33850 City-St-Zip: LAKE ALFRED, FL 33850 Title: DV () Delete Title: () Change () Addition WATSON, MARY ANN Name: Name: Address: 105 ELLEN COURT Address: City-St-Zip: WINTER HAVEN, FL 33884 City-St-Zip: Title: DS () Delete Title: () Change () Addition Name: MILBANK, MARYFRAN Name: 61 E LAKE HOWARD DR Address: Address: City-St-Zip: WINTER HAVEN, FL 33881 City-St-Zip: Title: () Delete Title: () Change (X) Addition ROOP, CHRISTINA Name: Name: 203 S. LAKE MARIAM DRIVE Address: Address: City-St-Zip: City-St-Zip: WINTER HAVEN, FL 33884 Title: () Delete Title: () Change (X) Addition CRAWFORD, DENISE Name: Name: Address: Address: 206 KINGSHILL COURT WINTER HAVEN, FL 33884 City-St-Zip: 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: VIRGINIA WRIGHT DT 01/19/2008