## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## DOCUMENT# N07000009435

Entity Name: WRIGHT MINISTRIES, INC.

FILED Aug 28, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 

9009 WESTERN LAKE DRIVE 12375 BOSTON HARBOR DRIVE JACKSONVILLE, FL 32225 1010

JACKSONVILLE, FL 32256

**New Mailing Address: Current Mailing Address:** 

9009 WESTERN LAKE DRIVE #1010 12375 BOSTON HARBOR DRIVE JACKSONVILLE, FL 32256 JACKSONVILLE, FL 32225

FEI Number: 11-3821085 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

BOYKINS, KENNETH M 9009 WESTERN LAKE DRIVE #1010

12375 BOSTON HARBOR DRIVE JACKSONVILLE, FL 32225 JACKSONVILLE, FL 32256 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.

BOYKINS, KENNETH M

SIGNATURE: 08/28/2008

> Electronic Signature of Registered Agent Date

## **OFFICERS AND DIRECTORS:**

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

(X) Change ( ) Addition () Delete BOYKINS, KENNETH M BOYKINS, KENNETH M Name: Name:

Address: 9009 WESTERN LAKE DRIVE #1010 Address: 12375 BOSTON HARBOR DRIVE City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32225

Title: () Delete Title: (X) Change ( ) Addition ROBINSON, DIANE Name: Name: ROBINSON, DIANE

Address: 9009 WESTERN LAKE DRIVE #1010 Address: 12375 BOSTON HARBOR DRIVE

City-St-Zip: JACKSONVILLE, FL 32256 City-St-Zip: JACKSONVILLE, FL 32225

Title: CFO () Delete Title: CFO (X) Change ( ) Addition RAGGINS, DOUGLAS Name: THOMPSON, MAXINE Name:

11254 ILLFORD DRIVE 3780 S. CLYDE MORRIS BOULEVARD Address: Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32246 PORT ORANGE, FL 32129

Title: SEC (X) Delete Title: () Change () Addition

MATTHEWS, TRACY Name: Name: 11254 ILLFORD DRIVE Address: Address: City-St-Zip: JACKSONVILLE, FL 32246 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: DIANE WRIGHT Ρ 08/28/2008