2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 09, 2008
Secretary of State

DOCUMENT# N07000010101

Entity Name: CLINT WRIGHT FOUNDATION, INCORPORATED

Current Principal Place of Business:

2575 GERBER DAIRY RD.
WINTER HAVEN, FL 33880

New Principal Place of Business:

1021 LAKELAND HILLS BLVD.
LAKELAND, FL 33805

Current Mailing Address:

2575 GERBER DAIRY RD.
WINTER HAVEN, FL 33880

New Mailing Address:

FEI Number: 26-0664332 **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:

WRIGHT, DEBRA L.
1903 SYLVESTER RD.
LAKELAND, FL 33803 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:	P	( ) Delete
Name:	WRIGHT, DEBRA S.	
Address:	2575 GERBER DAIRY RD.	
City-St-Zip:	WINTER HAVEN, FL 33880	
Title:	V	( ) Delete
Name:	WRIGHT, SAMUEL JR.	
Address:	3270 ALBERTA RD.	
City-St-Zip:	BARTOW, FL 33880	
Title:	V	( ) Delete
Name:	GRIZZARD, LESLIE	
Address:	2740 SOUTHINGTON AVE.	
City-St-Zip:	LAKELAND, FL 33803	
Title:	S	( ) Delete
Name:	BECKER, PEGGY	
Address:	5912 WINDWOOD DR.	
City-St-Zip:	LAKELAND, FL 33803	
Title:	T	( ) Delete
Name:	LUNSFORD, KATRINA	
Address:	3733 PAULA CT.	
City-St-Zip:	LAKELAND, FL 33081	
Title:	D	( ) Delete
Name:	WRIGHT-HAGGINS, ASHLEE	
Address:	2575 GERBER DAIRY RD.	
City-St-Zip:	WINTER HAVEN, FL 33880	

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:	S	(X) Change ( ) Addition
Name:	SHERROUSE, BECKY	
Address:	21 LAKELAND HILLS BLVD	
City-St-Zip:	LAKELAND, FL 33805	
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: KATRINA L. LUNSFORD T 07/09/2008
Electronic Signature of Signing Officer or Director — Date