

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000011995

FILED  
Mar 05, 2008  
Secretary of State

**Entity Name:** WRIGHT WAY COMMUNITY OUTREACH & RESEARCH INSTITUTE, INC.

**Current Principal Place of Business:**

4820 LOCKSLEY AVE.  
JACKSONVILLE, FL 32208 US

**New Principal Place of Business:**

**Current Mailing Address:**

4820 LOCKSLEY AVE.  
JACKSONVILLE, FL 32208 US

**New Mailing Address:**

**FEI Number:** 26-1502929

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WRIGHT, ALONZO C  
4820 LOCKSLEY AVE  
JACKSONVILLE, FL 32208 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: QUENTIN, SKINNER  
Address: 5869 COOPERLAKE DR  
City-St-Zip: JACKSONVILLE, FL 32218 US

Title: VP ( ) Delete  
Name: SELF-MEDLIN, JUSTUS  
Address: 14 ANDULUSIA COURT  
City-St-Zip: ST. AUGUSTINE, FL 32086 US

Title: SEC ( ) Delete  
Name: BROOKINS, SHARICA M  
Address: 5912 FLORSDALE DR.  
City-St-Zip: JACKSONVILLE, FL 32219 US

Title: BOD ( ) Delete  
Name: WILLIAMS, SACOASTIA  
Address: 2442 BENEDICT DR.  
City-St-Zip: JACKSONVILLE, FL 32209 US

Title: BOD ( ) Delete  
Name: SAVAGE, KADIJAH  
Address: 2601 SW 13TH PLACE  
City-St-Zip: FT. LAUDERDALE, FL 33312 US

Title: CEO ( ) Delete  
Name: WRIGHT, ALONZO C  
Address: 4820 LOCKSLEY AVE  
City-St-Zip: JACKSONVILLE, FL 32208 US

**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: ALONZO WRIGHT

CEO

03/05/2008

Electronic Signature of Signing Officer or Director

Date