

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000012744

Entity Name: THE RIGHT 2 WORK CORPORATION**Current Principal Place of Business:**1010 N. DAVIS STREET
SUITE 205
JACKSONVILLE, FL 32209**Current Mailing Address:**1010 N. DAVIS STREET
SUITE 205
JACKSONVILLE, FL 32209 US**FEI Number:** 16-1779658**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**MOON, KATY
1010 N. DAVIS STREET
JACKSONVILLE, FL 32209 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.***SIGNATURE:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	PRESIDENT
Name	MOON, KATY
Address	1010 N. DAVIS STREET
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	IRVIN, STEPHANIE M
Address	1010 N. DAVIS STREET SUITE 205
City-State-Zip:	JACKSONVILLE FL 32209

Title	TREASURER
Name	ROWLEY, SUSAN
Address	1010 N. DAVIS STREET SUITE 201 SUITE 205
City-State-Zip:	JACKSONVILLE FL 32209

Title	SECRETARY
Name	FIFER, PATRICIA
Address	1010 N. DAVIS STREET SUITE 205
City-State-Zip:	JACKSONVILLE FL 32209

Title	CHAIRMAN OF THE BOARD
Name	DEVORE, SCOTT
Address	1010 N. DAVIS STREET SUITE 205
City-State-Zip:	JACKSONVILLE FL 32209

Title	DIRECTOR
Name	BYRA, HENRY
Address	1010 N. DAVIS STREET SUITE 205
City-State-Zip:	JACKSONVILLE FL 32209

I hereby 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 all other like empowered.

SIGNATURE: KATY MOON**PRESIDENT****01/11/2024**_____
Electronic Signature of Signing Officer/Director Detail_____
Date