

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001651

Entity Name: THE PAYTON WRIGHT FOUNDATION, INC.**Current Principal Place of Business:**6991 PROFESSIONAL PARKWAY EAST
SARASOTA, FL 34240**Current Mailing Address:**6991 PROFESSIONAL PARKWAY EAST
SARASOTA, FL 34240 US**FEI Number: 33-1204054****Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WRIGHT, PATRICK
6991 PROFESSIONAL PARKWAY EAST
SARASOTA, FL 34240 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	P
Name	WRIGHT, PATRICK
Address	6635 COOPERS HAWK COURT
City-State-Zip:	BRADENTON FL 34202

Title	OTHER
Name	PORTER, BRIAN
Address	6635 COOPERS HAWK COURT
City-State-Zip:	BRADENTON FL 34202

Title	D
Name	MORELLI, ROBERT
Address	6635 COOPERS HAWK COURT
City-State-Zip:	BRADENTON FL 34202

Title	OTHER
Name	ROBERTS, LAURA
Address	6635 COOPERS HAWK COURT
City-State-Zip:	BRADENTON FL 34202

Title	V
Name	WRIGHT, HOLLY
Address	6635 COOPERS HAWK COURT
City-State-Zip:	BRADENTON FL 34202

Title	OTHER
Name	JONES, BRIAN
Address	6635 COOPERS HAWK COURT
City-State-Zip:	BRADENTON FL 34202

Title	OTHER
Name	HOPKINS, STEVEN
Address	6635 COOPERS HAWK COURT
City-State-Zip:	BRADENTON FL 34202

Title	OTHER
Name	MERCIER, KEITH
Address	6635 COOPERS HAWK COURT
City-State-Zip:	BRADENTON FL 34202

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: PATRICK WRIGHT**PRESIDENT****03/03/2014**_____
Electronic Signature of Signing Officer/Director Detail_____
Date