#### 2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000001651

Entity Name: THE PAYTON WRIGHT FOUNDATION, INC.

FILED
Jan 03, 2024
Secretary of State
9851807510CC

## **Current Principal Place of Business:**

4545 NORTH LAKE DRIVE SARASOTA, FL 34232

## **Current Mailing Address:**

P.O. BOX 51693

SARASOTA, FL 34232 US

FEI Number: 33-1204054 Certificate of Status Desired: No

### Name and Address of Current Registered Agent:

WRIGHT, PATRICK 4545 NORTH LAKE DRIVE SARASOTA, FL 34232 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:

THE TRESIDENT THE INTERIM EXECUTIVE DIRECTO	Title	PRESIDENT	Title	INTERIM EXECUTIVE DIRECTOR
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Name WRIGHT, PATRICK Name WRIGHT, HOLLY

Address 4545 NORTH LAKE DRIVE Address 4545 NORTH LAKE DRIVE

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

TitleBOARD MEMBERTitleBOARD MEMBERNamePORTER, BRIANNameMORELLI, ROBERTAddressP.O. BOX 51693AddressP.O. BOX 51693

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

TitleBOARD MEMBERTitleBOARD MEMBERNameCAVANAUGH, STEVENNameBERCEAU, KYMAddressP.O. BOX 51693AddressP.O. BOX 51693

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

Title BOARD MEMBER

Name FLEMING, ERIC

Address P.O. BOX 51693

City State-Zip: SARASOTA FL 3423

City-State-Zip: SARASOTA FL 34232 City-State-Zip: SARASOTA FL 34232

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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: HOLLY WRIGHT INTERIM EXECUTIVE 01/03/2024
DIRECTOR

Electronic Signature of Signing Officer/Director Detail

Date

## Officer/Director Detail Continued:

Title SECRETARY
Name COLLINS, COLE
Address P.O. BOX 51693

City-State-Zip: SARASOTA FL 34232

Title BOARD MEMBER
Name MERCIER, KEITH
Address P.O. BOX 51693

City-State-Zip: SARASOTA FL 34232

Title TREASURER

Name SKET, ROBERT

Address PO BOX 51693

City-State-Zip: SARASOTA FL 34232

Title BOARD MEMBER
Name FLEMING, JORDAN
Address P.O. BOX 51693

City-State-Zip: SARASOTA FL 34232

Title BOARD MEMBER

Name JAY, RILEY
Address P.O. BOX 51693

City-State-Zip: SARASOTA FL 34232