

**2023 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL REPORT**

DOCUMENT# N22000005505

**Entity Name:** THE WILL KING FOUNDATION, INC.

**Current Principal Place of Business:**

4530 ST. JOHNS AVE., STE. 15, UNIT 237  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

4530 ST. JOHNS AVE., STE. 15, UNIT 237  
JACKSONVILLE, FL 32210 US

**FEI Number: 88-2506709**

**Certificate of Status Desired:** No

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

HUGHES, COURTNEY  
2937 ALGONQUIN AVENUE  
JACKSONVILLE, FL 32210 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 DIRECTOR  
Name HUGHES, COURTNEY  
Address 4530 ST. JOHNS AVE., STE. 15, UNIT 237  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR  
Name HUGHES, TAYLOR  
Address 4530 ST. JOHNS AVE., STE. 15, UNIT 237  
City-State-Zip: JACKSONVILLE FL 32210

Title DIRECTOR, CHAIRMAN  
Name CORR, CHRIS  
Address 4530 ST. JOHNS AVE., STE. 15, UNIT 237  
City-State-Zip: JACKSONVILLE FL 32210

Title VC  
Name MCGINLEY, DAVID  
Address 4530 ST. JOHNS AVE., STE. 15, UNIT 237  
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY  
Name HOYT, LINDSAY  
Address 4530 ST. JOHNS AVE., STE. 15, UNIT 237  
City-State-Zip: JACKSONVILLE FL 32210

*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: COURTNEY HUGHES**

**DIRECTOR**

**04/11/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date