

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 719068

FILED
Jul 07, 2009
Secretary of State

Entity Name: RICHARD H. LEONARD FOUNDATION, INC.

Current Principal Place of Business:

705 BLAKE STREET, BLDG D
COCOA, FL 32922

New Principal Place of Business:

705 BLAKE STREET, BLDG G
GN3
COCOA, FL 32922

Current Mailing Address:

PO BOX 3127
COCOA, FL 329243127

New Mailing Address:

FEI Number: 23-7105888 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

MCKINLEY, DERWOOD
1725 HUBBARD DRIVE
ROCKLEDGE, FL 32955 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: MCKINLEY, DERWOOD
Address: 1725 HUBBARD DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: VP () Delete
Name: DANIELS, LINETTE
Address: 1706 UNIVERSITY LNAE, #605
City-St-Zip: COCOA, FL 32922

Title: T () Delete
Name: GILLIAM, JAMES
Address: 1320 AVALON DR.
City-St-Zip: ROCKLEDGE, FL 32955

Title: S () Delete
Name: PATRICK, RUFUS
Address: 885 YORKTOWNE DR
City-St-Zip: ROCKLEDGE, FL 32955

Title: D () Delete
Name: HARE, PATRICIA
Address: 5731 PEACOCK CT
City-St-Zip: TITUSVILLE, FL 32780

Title: () Delete
Name:
Address:
City-St-Zip:

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: D () Change (X) Addition
Name: HENDRIKSEN, DOUGLAS
Address: 1590 S. TROPICAL TR.
City-St-Zip: MERRITT ISLAND, FL 32952

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: DERWOOD MCKINLEY

P

07/07/2009

Electronic Signature of Signing Officer or Director

Date