

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Northam
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
MAY 25 1995

DOCUMENT # 706445 (4)

1. Corporation Name
RICHARDSON FOUNDATION, INC.

Principal Place of Business Mailing Address

1626 - 90TH AVENUE P.O. BOX 339 VERO BEACH FL 32961-7339

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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 11/20/1963 3a. Date of Last Report 05/01/1994

4. FEI Number 59-1027379 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 26

Suite, Apt. #, etc. Suite, Apt. #, etc.

22 27

City & State City & State

23 28

Zip Country Zip Country

24 25 29 30

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

SMITH HEATH SMITH & O HAIRE
2205 14TH AVE.
VERO BEACH FL 32960

10. Name and Address of New Registered Agent

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City FL B5 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when resigning) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	RICHARDSON, DANFORTH K
STREET ADDRESS	1855 - 28TH AVE
CITY - ST - ZIP	VERO BCH, FL 00000
TITLE	VD
NAME	RICHARDSON, MAJORIE H
STREET ADDRESS	1855 - 28TH AVE
CITY - ST - ZIP	VERO BCH, FL 00000
TITLE	TD
NAME	LUTHER, NANCY R
STREET ADDRESS	555 SOUT A1A
CITY - ST - ZIP	VERO BCH, FL 00000
TITLE	SD
NAME	KAHLE, SANDRA R.
STREET ADDRESS	6020 S.W. 5TH ST.
CITY - ST - ZIP	VERO BCH, FL
TITLE	TD
NAME	PEREZ, TOMAS RENE
STREET ADDRESS	2019 CORTEZ AVE
CITY - ST - ZIP	VERO BCH, FL 00000
TITLE	SD
NAME	HOPKINS, SUSAN R
STREET ADDRESS	285 RIVERWAY DR
CITY - ST - ZIP	VERO BCH, FL 00000

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Asst. Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	Perez, Tomas Rene	
13 STREET ADDRESS	2019 Cortez Avenue	
14 CITY - ST - ZIP	Vero Beach, Fla. 32960	
21 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
22 NAME	KAHLE, GEORGE A.	
23 STREET ADDRESS	6020 S.W. 5th St.	
24 CITY - ST - ZIP	Vero Beach, Fla. 32966	
31 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
32 NAME	LUTHER, JOHN M.	
33 STREET ADDRESS	555 South A1A Highway	
34 CITY - ST - ZIP	Vero Beach, Fla. 32963	
41 TITLE	DIRECTOR	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	HOPKINS, CARTER W.	
43 STREET ADDRESS	265 Riverway Dr.	
44 CITY - ST - ZIP	Vero Beach, Fla. 32963	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY - ST - ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
64 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 5/4/95 407-567-1151

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER: Tomas Rene Perez - Treasurer