

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 706445 (4)
1. Corporation Name
RICHARDSON FOUNDATION, INC.



Principal Place of Business Mailing Address
1626 - 90TH AVENUE **1626 - 90TH AVENUE**
P.O. BOX 339 **P.O. BOX 339**
VERO BEACH FL 32961-7339 **VERO BEACH FL 32961-7339**

3. Date Incorporated or Qualified **11/20/1963** 3a. Date of Last Report **05/26/1995**
4. FEI Number **59-1027379** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip Country 29 Zip Country
24 25 29 30

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
81 Name **DANFORTH K. RICHARDSON**
82 Street Address (P.O. Box Number is Not Acceptable) **1855 - 28th Avenue**
83 **Vero Beach, FL 32960**
84 City **FL** 85 Zip Code **32960**

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office of 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 617.0503, Florida Statutes.

SIGNATURE *Danforth K. Richardson* **Danforth K. Richardson** **4/19/96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, DANFORTH K	1.2 NAME	John M. Luther
STREET ADDRESS	1855 - 28TH AVE	1.3 STREET ADDRESS	555 A1A Highway
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RICHARDSON, MAJORIE H	2.2 NAME	GEORGE A. KAHLE
STREET ADDRESS	1855 - 28TH AVE	2.3 STREET ADDRESS	6020 S.W. 5th Street
CITY-ST-ZIP	VERO BCH, FL 00000	2.4 CITY-ST-ZIP	Vero Beach, FL 32968
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LUTHER, NANCY R	3.2 NAME	CARTER W. HOPKINS
STREET ADDRESS	555 SOUT A1A	3.3 STREET ADDRESS	1580 Gracewood Lane
CITY-ST-ZIP	VERO BCH, FL 00000	3.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	S/D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLE, SANDRA R.	4.2 NAME	Susan R. Hopkins
STREET ADDRESS	6020 S.W. 5TH ST.	4.3 STREET ADDRESS	1580 Gracewood Lane
CITY-ST-ZIP	VERO BCH, FL	4.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, TOMAS RENE	5.2 NAME	
STREET ADDRESS	2019 CORTEZ AVE	5.3 STREET ADDRESS	400001810324
CITY-ST-ZIP	VERO BCH, FL 00000	5.4 CITY-ST-ZIP	-05/07/96--01018--002
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	***61.25 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, SUSAN R	6.2 NAME	
STREET ADDRESS	265 RIVERWAY DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	6.4 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 119.07(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: *Danforth K. Richardson* **Danforth K. Richardson - President** **1/19/96** **407-567-1151-Ext. 333**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (12/95)