

FILE NOW: FILING FEE IS \$61.25

FILED  
May 18 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **706445** (4)  
1. Corporation Name  
**RICHARDSON FOUNDATION, INC.**



Principal Place of Business <b>1626 - 90TH AVENUE P.O. BOX 339 VERO BEACH FL 32961-7339</b>	Mailing Address <b>1626 - 90TH AVENUE P.O. BOX 339 VERO BEACH FL 32961-7339</b>
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3. Date Incorporated or Qualified <b>11/20/1963</b>	4. FEI Number <b>59-1027379</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

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

9. Name and Address of Current Registered Agent <b>RICHARDSON, DANFORTH K 1855 28TH AVE. VERO BEACH FL 32960</b>		10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City
		FL	85 Zip Code

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 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 617.0503, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RICHARDSON, DANFORTH K	1.1 TITLE	
NAME	1855 - 28TH AVE	1.2 NAME	
STREET ADDRESS	VERO BCH, FL 00000	1.3 STREET ADDRESS	
CITY-ST-ZIP	<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	VD RICHARDSON, MAJORIE H	2.1 TITLE	Vice-Pres.-Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	1855 - 28TH AVE	2.2 NAME	KAHLE, SANDRA R.
STREET ADDRESS	VERO BCH, FL 00000	2.3 STREET ADDRESS	6020 S.W. 5th Street
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	Vero Beach, FL 32968
TITLE	TD LUTHER, NANCY R	3.1 TITLE	Secretary/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	555 SOUT A1A	3.2 NAME	LUTHER, NANCY R.
STREET ADDRESS	VERO BCH, FL 00000	3.3 STREET ADDRESS	555 South A1A
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	3.4 CITY-ST-ZIP	Vero Beach, FL 32963
TITLE	SD HOPKINS, SUSAN R	4.1 TITLE	Treasurer/Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1580 GRACEWOOD LN.	4.2 NAME	HOPKINS, SUSAN R.
STREET ADDRESS	VERO BCH FL 32963	4.3 STREET ADDRESS	1580 Gracewood Lane
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	4.4 CITY-ST-ZIP	VERO BEACH, FL 32963
TITLE	TD PEREZ, TOMAS RENE	5.1 TITLE	
NAME	2019 CORTEZ AVE	5.2 NAME	
STREET ADDRESS	VERO BCH, FL 00000	5.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE	SD HOPKINS, SUSAN R	6.1 TITLE	
NAME	265 RIVERWAY DR	6.2 NAME	
STREET ADDRESS	VERO BCH, FL 00000	6.3 STREET ADDRESS	
CITY-ST-ZIP	<input checked="" type="checkbox"/> DELETE	6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: *Susan R. Hopkins, Exec. Director* 4/29/98 561-567-1111  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0020669

CR2E037 (10/97)