

FILE NOW: FILING FEE IS \$61.25

FILED

May 18 1998 8:00am
Secretary of State

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



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

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|--|---------------------------------------|----------------|
| 3. Date Incorporated or Qualified 11/20/1963 | Applied For 59-1027379 | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input 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 type="checkbox"/> No | | |

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| 9. Name and Address of Current Registered Agent RICHARDSON, DANFORTH K 1855 28TH AVE. VERO BEACH FL 32960 | |
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|---|-------------|
| 10. Name and Address of New Registered Agent | |
| 81 Name | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 1855 - 28TH AVE VERO BCH, FL 00000 | 1.1 TITLE | |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VD RICHARDSON, MAJORIE H 1855 - 28TH AVE VERO BCH, FL 00000 | 2.1 TITLE | Vice-Pres.-Director |
| NAME | | 2.2 NAME | KAHLE, SANDRA R. |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 6020 S.W. 5th Street |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Vero Beach, FL 32968 |
| TITLE | TD LUTHER, NANCY R 555 SOUT A1A VERO BCH, FL 00000 | 3.1 TITLE | Secretary/Director |
| NAME | | 3.2 NAME | LUTHER, NANCY R. |
| STREET ADDRESS | | 3.3 STREET ADDRESS | 555 South Ala |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | Vero Beach, FL 32963 |
| TITLE | SD HOPKINS, SUSAN R 1580 GRACEWOOD LN. VERO BCH FL 32963 | 4.1 TITLE | Treasurer/Director |
| NAME | | 4.2 NAME | HOPKINS, SUSAN R. |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 1580 Gracewood Lane |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | VERO BEACH, FL 32963 |
| TITLE | TD PEREZ, TOMAS RENE 2019 CORTEZ AVE VERO BCH, FL 00000 | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | SD HOPKINS, SUSAN R 285 RIVERWAY DR VERO BCH, FL 00000 | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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: *[Signature]* DATE: *4/29/98* DAYTIME PHONE: *561-567-1171*

CR2E037 (10/97)