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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706445

1. Corporation Name
RICHARDSON FOUNDATION, INC.

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



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		11/20/1963	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-1027379	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		30	
				\$5.00 May Be Added to Fees	

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

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, DANFORTH K	1.2 NAME	
STREET ADDRESS	1855 - 28TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	1.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAHLE, S B	2.2 NAME	
STREET ADDRESS	6020 SW 5TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32968	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LUTHER, N R	3.2 NAME	
STREET ADDRESS	555 SOUT A1A	3.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOPKINS, SUSAN R	4.2 NAME	
STREET ADDRESS	1580 GRACEWOOD LN.	4.3 STREET ADDRESS	
CITY-ST-ZIP	VERO BCH FL 32963	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: *Thomas Rene Perez*
 SIGNATURE OF REGISTERED AGENT
 THOMAS RENE PEREZ - EXECUTIVE DIRECTOR
 Date: 4/26/99 Daytime Phone #: 561-567-1151 ext 333

CR2E037 (1/198)