


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT (AR)**

FILED
Apr 28, 2005 8:00 am
Secretary of State

04-28-2005 90173 024 ****61.25

DOCUMENT # 706445
1. Entity Name
RICHARDSON FAMILY FOUNDATION, INC.



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

2. Principal Place of Business 3. Mailing Address
Suite, Apt. #, etc. Suite, Apt. #, etc.
P.O. Box 339
Vero Beach, FL

City & State City & State
VERO BEACH, FL

Zip Country Zip Country
32961 **U.S.A.**



1st MOORE CR2E037 (10/04)

6. Name and Address of Current Registered Agent

**RICHARDSON, DANFORTH K
1855 28TH AVE.
VERO BEACH FL 32960**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

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

**FILE NOW: FEE IS \$61.25
Due By May 1, 2005**

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

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	RICHARDSON, DANFORTH K	
STREET ADDRESS	1855 - 28TH AVE	
CITY-ST-ZIP	VERO BEACH FL 32960	
TITLE	VPD	<input type="checkbox"/> Delete
NAME	KAHLE, SANDRA R	
STREET ADDRESS	6020 SW 5TH ST	
CITY-ST-ZIP	VERO BCH FL 32968	
TITLE	SD	<input type="checkbox"/> Delete
NAME	LUTHER, NANCY R	
STREET ADDRESS	555 SOUTH A1A	
CITY-ST-ZIP	VERO BEACH FL 32963	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HOPKINS, SUSAN R	
STREET ADDRESS	1580 GRACEWOOD LN.	
CITY-ST-ZIP	VERO BCH FL 32963	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Dan K. Richardson*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Danforth K. Richardson, Chairman, Pres. 4/04/05 Daytime Phone #