

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706445

FILED  
Mar 25, 2009  
Secretary of State

Entity Name: RICHARDSON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

21 ROYAL PALM POINTE  
SUITE 201  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

P.O. BOX 339  
VERO BEACH, FL 329617339

**New Mailing Address:**

FEI Number: 59-1027379      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

RICHARDSON, DANFORTH K  
1035 ST. JAMES CIRCLE  
VERO BEACH, FL 32967      US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: RICHARDSON, DANFORTH K  
Address: 1035 ST. JAMES CIRCLE  
City-St-Zip: VERO BEACH, FL 32967

Title: VPD ( ) Delete  
Name: KAHLE, SANDRA R  
Address: 6020 SW 5TH ST  
City-St-Zip: VERO BCH, FL 32968

Title: SD ( ) Delete  
Name: LUTHER, NANCY R  
Address: 555 SOUTH A1A  
City-St-Zip: VERO BEACH, FL 32963

Title: TD ( ) Delete  
Name: HOPKINS, SUSAN R  
Address: 21 ROYAL PALM POINTE - SUITE 201  
City-St-Zip: VERO BEACH, FL 32960

Title: AST ( ) Delete  
Name: PEREZ, TOMAS R  
Address: 2019 CORTEZ AVENUE  
City-St-Zip: VERO BEACH, FL 32960

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: TD (X) Change ( ) Addition  
Name: HOPKINS, SUSAN R  
Address: 220 ESTUARY DRIVE  
City-St-Zip: VERO BEACH, FL 32963

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: TOMAS RENE PEREZ

AST

03/25/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date