

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Feb 03, 2006 8:00 am**  
**Secretary of State**

02-03-2006 90008 047 \*\*\*\*61.25

**DOCUMENT # 716732**

1. Entity Name

DR. R.Q. RICHARDS FOUNDATION, INC.



Principal Place of Business

18520 TELEGRAPH CREEK LANE  
ALVA FL 33920

Mailing Address

18520 TELEGRAPH CREEK LANE  
ALVA FL 33920

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1274685

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

SMART, GERALD  
18520 TELEGRAPH CREEK LANE  
ALVA FL 33920

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2006**

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	TD	<input type="checkbox"/> Delete
NAME	SMART, GERALD G.	
STREET ADDRESS	18520 TELEGRAPH CK LN	
CITY-ST-ZIP	ALVA FL	

TITLE	D	<input type="checkbox"/> Delete
NAME	MERE, TOM	
STREET ADDRESS	100 E. NORTH SHORE DR	
CITY-ST-ZIP	FORT MYERS FL 33917	

TITLE	S	<input type="checkbox"/> Delete
NAME	RICHARDSON, ROBERT	
STREET ADDRESS	1207 CANTEBURY DRIVE	
CITY-ST-ZIP	FORT MYERS FL 33901	

TITLE	D	<input type="checkbox"/> Delete
NAME	LONGMAN, AL	
STREET ADDRESS	2665 MCGREGOR BLVD	
CITY-ST-ZIP	FORT MYERS FL 33901	

TITLE	P	<input type="checkbox"/> Delete
NAME	COLEMAN, BOB	
STREET ADDRESS	1481 ARGYLE DR.	
CITY-ST-ZIP	FT. MYERS FL	

TITLE	VP	<input type="checkbox"/> Delete
NAME	GARRISON, JAMES	
STREET ADDRESS	1655 FLORIDA AVENUE	
CITY-ST-ZIP	FORT MYERS FL 33901	

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	P PRESIDENT	<input checked="" 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	D DIRECTOR	<input checked="" 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 exemptions contained in Section 119, 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:**

GERALD SMART TREASURE 01/24/06