2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#716732

City-St-Zip:

FILED Apr 15, 2009 Secretary of State

Entity Name: DR. R.Q. RICHARDS FOUNDATION, INC.

Current Principal Place of Business:				New Principal Place of Business:				
18520 TELEGRAPH CREEK LANE ALVA, FL 33920				1634 WOODFORD AVE FORT MYERS, FL 33901 US				
Current Mailing Address:				New Mailing Address:				
18520 TELEGRAPH CREEK LANE ALVA, FL 33920				P.O. BOX 2706 FORT MYERS, FL 33902				
El Number	: 59-1274685	FEI Number Applied For()	FEI Nui	mber Not App	licable ()	C	ertificate of Stat	us Desired()
Name and	d Address of	Current Registered Agent	t:	Name and	Addres	s of New	/ Registered	Agent:
BMART, GERALD 18520 TELEGRAPH CREEK LANE ALVA, FL 33920 US				COURTWRIGHT, BRENNAN E MR. 2079 BARKELEY LANE UNIT #21 FORT MYERS, FL 33907 US				
	e named entity e of Florida.	submits this statement for	the purpose o	of changing i	its regist	ered offic	e or registere	d agent, or both,
SIGNATURE: BRENNAN COURTWRIGHT				04/15/2009				
Electronic Signature of Registered Agent							Date	
OFFICERS AND DIRECTORS:				ADDITION	IS/CHAI	NGES TO	OFFICERS.	AND DIRECTOR
Fitle: Name: Address: City-St-Zip:	TD (SMART, GERA 18520 TELEG ALVA, FL			Title: Name: Address: City-St-Zip:	2079 BA			n
Fitle: Name: Address: City-St-Zip:	MERE, TOM 100 E NORTH) Delete SHORE DR MYERS, FL 33917		Title: Name: Address: City-St-Zip:		() Ch	ange () Additio	n
Fitle: Name: Address: Dity-St-Zip:	WOLSON, KA	DENTIAL COURT #D		Title: Name: Address: City-St-Zip:		() Ch	ange () Additio	n
Fitle: Name: Nddress: Dity-St-Zip:	MALT, DAVID) Delete ENTIAL COURT #D , FL 33919		Title: Name: Address: City-St-Zip:		() Ch	ange () Additio	n
Fitle: Name: Address: City-St-Zip:	ENGEL, CARL 26 FLETCHER			Title: Name: Address: City-St-Zip:		() Ch	ange () Additio	n
Fitle: Name: Address: City-St-Zip:	P (GARRISON, J. 1655 FLORIDA FORT MYERS	A AVENUE		Title: Name: Address: City-St-Zip:		() Ch	ange () Additio	n

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: BRENNAN COURTWRIGHT 04/15/2009 MR.