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FILED

Feb 23 1998 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N00735 (3)

1. Corporation Name

RANDOLPH R. THOMAS FOUNDATION, INC.

Principal Place of Business

Mailing Address

1301 RIVERPLACE BLVD  
STE 2640 RIVERPLACE TOWER  
JACKSONVILLE FL 32207  
US

1301 RIVERPLACE BLVD  
STE 2640 RIVERPLACE TOWER  
JACKSONVILLE FL 32207  
US

3. Date Incorporated or Qualified

12/30/1983

4. FEI Number

59-2468828

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐ \$5.00 May Be  
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KENNETH G. ANDERSON, ESQ.  
1301 RIVERPLACE BLVD  
SUITE 2540, RIVERPLACE TOWER  
JACKSONVILLE FL 32207

81 Name

82 Street Address (P.O. Box Number Is Not Acceptable)

83 Suite 2640

84 City

FL

85

Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE TS ☐ DELETE

NAME THOMAS, OLENE A. (TRUSTEE)  
STREET ADDRESS 349 PONTA VEDRA BLVD.  
CITY-ST-ZIP PONTA VEDRA BEACH FL

TITLE TP ☐ DELETE

NAME WRIGHT, BARBARA  
STREET ADDRESS ~~112 DEER LAKE DR~~  
CITY-ST-ZIP PONTE VEDRA BEACH FL

TITLE AS ☒ DELETE

NAME DEBORAH S WALLACE  
STREET ADDRESS 3778 HELICON DR  
CITY-ST-ZIP JACKSONVILLE FL

TITLE VPT ☐ DELETE

NAME THOMAS A WRIGHT  
STREET ADDRESS ~~112 DEER LAKE DR~~  
CITY-ST-ZIP PONTE VEDRA BCH FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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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.

SIGNATURE: Barbara J. Wright

2-11-97

CR2E037 (10/97)