

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED

Feb 25, 2004 08:00 AM
Secretary of State

DOCUMENT # N00735

1. Entity Name

RANDOLPH R. THOMAS FOUNDATION, INC.



Principal Place of Business

1301 RIVERPLACE NLVD
STE 2640 RIVERPLACE TOWER
JACKSONVILLE FL 32207
US

Mailing Address

1301 RIVERPLACE BLVD
STE 2640 RIVERPLACE TOWER
JACKSONVILLE FL 32207
US

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

59-2468828

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

KENNETH G. ANDERSON, ESQ.
1301 RIVERPLACE BLVD
SUITE 2640, RIVERPLACE TOWER
JACKSONVILLE FL 32207

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, 2004

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

TITLE TP
NAME WRIGHT, BARBARA ☐ Delete
STREET ADDRESS 128 KINGFISHER DR.
CITY - ST - ZIP PONTE VEDRA BEACH FL

TITLE VPT
NAME THOMAS A WRIGHT ☐ Delete
STREET ADDRESS 128 KINGFISHER DR.
CITY - ST - ZIP PONTE VEDRA BCH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY - ST - ZIP

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS U00000065870
CITY - ST - ZIP 02/25/04-80054-019 61.25

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY - ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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:

Barbara Wright

2-23-04

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Business Phone #