
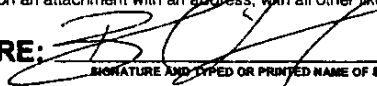


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90008 029 ****70.00

DOCUMENT # N06000008384 1. Entity Name THE BRAD RICHARDS FOUNDATION, INC.					
Principal Place of Business 4221 W. BOY SCOUT BLVD., STE. 1000 C/O CARLTON FIELDS, P.A. TAMPA, FL 33607			Mailing Address P.O. BOX 23025 TAMPA, FL 33623-3205		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent		
CFRA, LLC 4221 W. BOY SCOUT BLVD., STE. 1000 TAMPA, FL 33607			Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees	
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> Make check payable to Florida Department of State </div> </div>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	DP		TITLE	DP	
NAME	RICHARDS, BRAD <input type="checkbox"/> Delete		NAME	RICHARDS, BRAD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
STREET ADDRESS	809 SEDDON COVE		STREET ADDRESS	60 LADOGA AVE.	
CITY-ST-ZIP	TAMPA, FL 33602		CITY-ST-ZIP	TAMPA, FL 33606	
TITLE	DS <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICHARDS, DELITE		NAME		
STREET ADDRESS	P.O. BOX 186		STREET ADDRESS		
CITY-ST-ZIP	MURRAY HARBOUR, PEI CANADA, COAIVO		CITY-ST-ZIP		
TITLE	DT <input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	SIMON, RAND		NAME		
STREET ADDRESS	STE. 400, 201 CITY CENTRE DR.		STREET ADDRESS		
CITY-ST-ZIP	MISSISSAUGA, ON CANADA, L5B2T4		CITY-ST-ZIP		
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D BILL WICKETT WICKETT, BILL	
STREET ADDRESS			STREET ADDRESS	401 CHANNELSIDE DR.	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33602	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D JOHN FAHEY FAHEY, JOHN	
STREET ADDRESS			STREET ADDRESS	4402 GOLF CLUB LN.	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33624	
TITLE	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME			NAME	D Tom Thorn THORN, TOM	
STREET ADDRESS			STREET ADDRESS	100 S. ASHLEY DR. STE. 1500	
CITY-ST-ZIP			CITY-ST-ZIP	TAMPA, FL 33602	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: 			BRAD RICHARDS 04/30/07 (902)314-3839		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			<small>Date Daytime Phone #</small>		