

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

FILED
Sep 03, 2008 08:00 AM
Secretary of State



08252008 No Chg-NP

CR2E037 (4/06)

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4. FEI Number
61-1507870

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CFRA, LLC
4221 W. BOY SCOUT BLVD., STE. 1000
TAMPA, FL 33607

**DO NOT WRITE
IN THIS SPACE**

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

Filing Fee is \$61.25
Due by September 12, 2008

9. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

U000000958929
09/03/08-80009-016 70.00

10. OFFICERS AND DIRECTORS

TITLE	DP
NAME	RICHARDS, BRAD
STREET ADDRESS	60 LADOGA AVE
CITY-ST-ZIP	TAMPA, FL 33606
TITLE	DS
NAME	RICHARDS, DELITE
STREET ADDRESS	P.O. BOX 166
CITY-ST-ZIP	MURRAY HARBOUR, PEI CANADA, COAIVO
TITLE	DT
NAME	SIMON, RAND
STREET ADDRESS	STE. 400, 201 CITY CENTRE DR.
CITY-ST-ZIP	MISSISSAUGA, ON CANADA, L5B2T4
TITLE	D
NAME	WICKETT, BILL
STREET ADDRESS	401 CHANNELSIDE DR
CITY-ST-ZIP	TAMPA, FL 33602
TITLE	D
NAME	FAHEY, JOHN J
STREET ADDRESS	4402 GOLF CLUB LN
CITY-ST-ZIP	TAMPA, FL 33624
TITLE	D
NAME	THORN, TOM
STREET ADDRESS	100 SOUTH ASHLEY DR SUITE 1500
CITY-ST-ZIP	TAMPA, FL 33602

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IN THIS SPACE**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brad Richards 8/22/08 (813) 919-1546

Date

Daytime Phone #