

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000008384

FILED
Apr 29, 2009
Secretary of State

Entity Name: THE BRAD RICHARDS FOUNDATION, INC.

Current Principal Place of Business:

4221 W. BOY SCOUT BLVD., STE. 1000
C/O CARLTON FIELDS, P.A.
TAMPA, FL 33607

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 23025
TAMPA, FL 336233205

New Mailing Address:

FEI Number: 61-1507870

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: RICHARDS, BRAD
Address: 60 LADOGA AVE
City-St-Zip: TAMPA, FL 33606

Title: DS () Delete
Name: RICHARDS, DELITE
Address: P.O. BOX 166
City-St-Zip: MURRAY HARBOUR, PEI CANADA, COAIVO

Title: DT () Delete
Name: SIMON, RAND
Address: STE. 400, 201 CITY CENTRE DR.
City-St-Zip: MISSISSAUGA, ON CANADA, L5B2T4

Title: D () Delete
Name: WICKETT, BILL
Address: 401 CHANNELSIDE DR
City-St-Zip: TAMPA, FL 33602

Title: D () Delete
Name: FAHEY, JOHN J
Address: 4402 GOLF CLUB LN
City-St-Zip: TAMPA, FL 33624

Title: D () Delete
Name: THORN, TOM
Address: 100 SOUTH ASHLEY DR SUITE 1500
City-St-Zip: TAMPA, FL 33602

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: BRAD RICHARDS

DP

04/29/2009

Electronic Signature of Signing Officer or Director

Date