


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90386 047 \*\*\*\*61.25

<b>DOCUMENT # N07000004401</b> 1. Entity Name <b>RICHARD ARCHAMBAULT FOUNDATION, INC.</b>			
Principal Place of Business <b>708 RANDOLPH AVENUE INVERNESS, FL 34453-2115</b>		Mailing Address <b>708 RANDOLPH AVENUE INVERNESS, FL 34453-2115</b>	
2. Principal Place of Business - No P.O. Box # <b>2814 Forest Dr.</b> Suite, Apt. #, etc.		3. Mailing Address <b>2814 Forest Dr.</b> Suite, Apt. #, etc.	
City & State <b>Inverness, FL</b>		City & State <b>Inverness, FL</b>	
Zip <b>34453</b>	Country <b>USA</b>	Zip <b>34453</b>	Country <b>USA</b>
4. FEI Number <b>01042008</b>		Chg-NP <b>CR2E037 (12/06)</b>	
5. Certificate of Status Desired <input type="checkbox"/>		Applied For <input checked="" type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>BERRY, RHONDA 708 RANDOLPH AVENUE INVERNESS, FL 34453-2115</b>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reconstituting)</small>			
<b>Filing Fee is \$61.25 Due by May 1, 2008</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	
<b>\$5.00 May Be Added to Fees</b>		<b>Make check payable to Florida Department of State</b>	
<b>10. OFFICERS AND DIRECTORS</b>		<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>BERRY, RHONDA</b> <b>708 RANDOLPH AVE</b> <b>INVERNESS, FL 34453</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>ARCHAMBAULT, LINDA</b> <b>708 RANDOLPH AVE</b> <b>INVERNESS, FL 34453</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>MALIK, WENDY</b> <b>708 RANDOLPH AVE</b> <b>INVERNESS, FL 34453</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.			
<b>SIGNATURE:</b> <i>Linda Archambault</i> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<b>4/23/08</b> <b>352-637-0202</b> <small>Date Daytime Phone #</small>	