

**2012 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT****FILED**  
**Apr 24, 2012**  
**Secretary of State**

DOCUMENT# N08000006000

**Entity Name:** THE RICHARDSON CHARITABLE FOUNDATION, INC.**Current Principal Place of Business:**105 SPRINGLAND  
ELEPHANT BUTTE, NM 87935**New Principal Place of Business:****Current Mailing Address:**P.O. BOX 1204  
ELEPHANT BUTTE, NM 879351204**New Mailing Address:****FEI Number:** 26-2984946**FEI Number Applied For ( )****FEI Number Not Applicable ( )****Certificate of Status Desired ( )****Name and Address of Current Registered Agent:**SHIN, TAE  
121 S. ORANGE AVE.  
SUITE 1500  
ORLANDO, FL 32801 US**Name and Address of New Registered Agent:**SHIN, TAE  
200 SOUTH ORANGE AVENUE  
SUITE 1450  
ORLANDO, FL 32801 US

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: TAE SHIN

04/24/2012

\_\_\_\_\_  
Electronic Signature of Registered Agent\_\_\_\_\_  
Date**OFFICERS AND DIRECTORS:**

Title: DP  
Name: RICHARDSON, JAMES E  
Address: 4093 DIAMOND RUBY, SUITE 7 PMB 519  
City-St-Zip: CHRISTIANSTED, ST. CROIX, USVI, VI 00820

Title: D  
Name: RICHARDSON, JOSEPH S  
Address: 4093 DIAMOND RUBY, SUITE 7 PMB 519  
City-St-Zip: CHRISTIANSTED, ST. CROIX USVI, VI 00820

Title: DV  
Name: RICHARDSON, JOHN H  
Address: P.O. BOX 1204  
City-St-Zip: ELEPHANT BUTTE, NM 87935

Title: ST  
Name: RICHARDSON, WESLEY  
Address: P.O. BOX 7545  
City-St-Zip: JACKSON, TN 383087545

I hereby 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 all other like empowered.

SIGNATURE: JAMES E RICHARDSON

DP

04/24/2012

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director\_\_\_\_\_  
Date