

# **2012 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N11000008283

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** RICHARD L. RHEA FOUNDATION INC.

**Current Principal Place of Business:**

88 CEDAR AVE.  
CRAWFORDVILLE, FL 32327

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 490  
CRAWFORDVILLE, FL 32326

**New Mailing Address:**

**FEI Number:** 45-3128845

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

HARVEY, ALLEN H SR.  
264 TRICE LANE  
CRAWFORDVILLE, FL 32327 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:** D  
**Name:** RHEA, SAM  
**Address:** 58 CEDAR AVE.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

**Title:** D  
**Name:** HARVEY, ALLEN H SR.  
**Address:** 264 TRICE LANE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

**Title:** D  
**Name:** BRAZIER, D'ARCY  
**Address:** 60 HOLIDAY DR  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

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:** ALLEN H. HARVEY SR

DIR.

04/20/2012

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

\_\_\_\_\_  
Date