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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N16951** (8)
1. Corporation Name
**W. W. RICHARDSON, M.D. AND LORETTA C. RICHARDSON
FOUNDATION, INC.**

Principal Place of Business Mailing Address
% LORETTA C. RICHARDSON **% LORETTA C. RICHARDSON**
P.O. BOX 188 **P.O. BOX 188**
GRACEVILLE FL 32440 **GRACEVILLE FL 32440**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/23/1986** 3a. Date of Last Report **05/12/1994**
4. FEI Number **59-2760529** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
RICHARDSON, LORETTA C.
1154 - 10TH AVE.
GRACEVILLE FL 32440

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY-ST-ZIP
PO WRIGHT, DAVID 1401 E. 10TH AVENUE GRACEVILLE FL
VD TURNER, JOHN B 1006 MIXON ST. GRACEVILLE FL
TD WILDER, THOMAS W. ROUTE 1, BOX 751 SLOCOMB AL
SD RICHARDSON, LORETTA C. 1154 - 10TH AVE. GRACEVILLE FL
D RICHARDSON, W. W. 1154 - 10TH AVE. GRACEVILLE FL
D BLACK, DAVIS (REV) 1205 EZELL STREET GRACEVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE **DV** Change Addition
1.2 NAME **WRIGHT, DAVID**
1.3 STREET ADDRESS **1401 E 10TH AVE.**
1.4 CITY-ST-ZIP **GRACEVILLE, FL**
2.1 TITLE **PD** Change Addition
2.2 NAME **TURNER, JOHN B.**
2.3 STREET ADDRESS **1006 MIXON ST.**
2.4 CITY-ST-ZIP **GRACEVILLE, FL**
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Loretta C. Richardson 3/28/95 904-763-3522
LORETTA C. RICHARDSON (Date) (Type Name)