

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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 P.O. BOX 188 GRACEVILLE FL 32440  
 \* LORETTA C. RICHARDSON P.O. BOX 188 GRACEVILLE FL 32440

3. Date Incorporated or Qualified **09/23/1986** 3a. Date of Last Report **04/20/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>59-2760529</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	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
85	Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

**SIGNATURE**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WRIGHT, DAVID	1.2 NAME	
STREET ADDRESS	1401 E 10TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	1.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TURNER, JOHN B	2.2 NAME	
STREET ADDRESS	1006 MIXON ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	2.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILDER, THOMAS W.	3.2 NAME	
STREET ADDRESS	ROUTE 1, BOX 751	3.3 STREET ADDRESS	
CITY-ST-ZIP	SLOCOMB AL	3.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, LORETTA C.	4.2 NAME	
STREET ADDRESS	1154 - 10TH AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARDSON, W. W.	5.2 NAME	
STREET ADDRESS	1154 - 10TH AVE.	5.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BLACK, DAVIS (REV)	6.2 NAME	
STREET ADDRESS	1205 EZELL STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	GRACEVILLE FL	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 617, 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***

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/96**  
Date

**904 263 3533**  
Daytime Phone #

CR2E037 (12/95)