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May 15 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 32440-0188

3. Date Incorporated or Qualified 09/23/1986	3a. Date of Last Report 05/15/1996
4. FEI Number 59-2760520	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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

10. Name and Address of New Registered Agent

RICHARDSON, LORETTA C.
1154 - 10TH AVE.
GRACEVILLE FL 32440

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DV <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WRIGHT, DAVID	1.2 NAME	MIXSON, BYRON
STREET ADDRESS	1401 E 10TH AVE.	1.3 STREET ADDRESS	5959 HWY 77
CITY-ST-ZIP	GRACEVILLE FL	1.4 CITY-ST-ZIP	GRACEVILLE, FL
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	SLOCUMB 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 does not qualify for the exemption stated in Section 119.07(3)(i), 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** **REQUIRED** 4/30/97 904-263-3522

CR2E037 (9/96)