

FILE NOW: FILING FEE IS \$61.25

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**May 20 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16951 (8)
1. Corporation Name
W. W. RICHARDSON, M.D. AND LORETTA C. RICHARDSON FOUNDATION, INC.



Principal Place of Business % LORETTA C. RICHARDSON P.O. BOX 188 GRACEVILLE FL 32440	Mailing Address % LORETTA C. RICHARDSON P.O. BOX 188 GRACEVILLE FL 32440
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3. Date Incorporated or Qualified 09/23/1986	
4. FEI Number 59-2760529	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> Not Applicable

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. Zip	29. Zip
25. Country	30. Country

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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. City
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

TITLE	DV	<input type="checkbox"/> DELETE
NAME	MIXSON, BRYON	
STREET ADDRESS	8959 HWY 77	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	TURNER, JOHN B	
STREET ADDRESS	1006 MIXON ST	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	WILDER, THOMAS W.	
STREET ADDRESS	ROUTE 1, BOX 751	
CITY-ST-ZIP	SLOCOMB AL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	RICHARDSON, LORETTA C.	
STREET ADDRESS	1154 - 10TH AVE.	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RICHARDSON, W. W.	
STREET ADDRESS	1154 - 10TH AVE.	
CITY-ST-ZIP	GRACEVILLE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BLACK, DAVIS (REV)	
STREET ADDRESS	1205 EZELL STREET	
CITY-ST-ZIP	GRACEVILLE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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* _____

CP2E037 (10/97)