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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N16951

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

499170-90028-32



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/23/1986	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-2760529	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
24		29		\$5.00 May Be Added to Fees	

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

FL

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	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MIXSON, BRYON	1.2 NAME	BROOKS, MARGARET
STREET ADDRESS	5959 HWY 77	1.3 STREET ADDRESS	PO BOX 276
CITY-ST-ZIP	GRACEVILLE FL	1.4 CITY-ST-ZIP	GRACEVILLE, FL 32440
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 checked="" 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 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, with all other like empowered.

SIGNATURE: *Loretta C. Richardson* SIGNATURE REQUIRED

4/30/99

Date

850-263-3522

Daytime Phone #

CR2E037 (11/98)