


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Feb 28, 2005 08:00 AM
Secretary of State

DOCUMENT # N16951
1. Entity 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

2. Principal Place of Business: Suite, Apt #, etc.
3. Mailing Address: Suite, Apt #, etc.
City & State: _____
Zip: _____ Country: _____



1st MOORE CR2E037 (10/04)

4. FEI Number: 59-2760529
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required

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

7. Name and Address of New Registered Agent
Name: _____
Street Address (P.O. Box Number is Not Acceptable): _____
City: _____ FL Zip Code: _____

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.
SIGNATURE: Loretta C. Richardson DATE: 2/25/05
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

FILE NOW: FEE IS \$61.25 Due By May 1, 2005
9. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
Make Check Payable to Florida Department of State

10. OFFICERS AND DIRECTORS	
TITLE: DV NAME: MIXSON, BRYON STREET ADDRESS: 5959 HWY 77 CITY - ST - ZIP: GRACEVILLE FL	<input type="checkbox"/> Delete
TITLE: PD NAME: TURNER, JOHN B STREET ADDRESS: 1006 MIXON ST CITY - ST - ZIP: GRACEVILLE FL	<input type="checkbox"/> Delete
TITLE: TD NAME: WILDER, THOMAS W. STREET ADDRESS: ROUTE 1, BOX 751 CITY - ST - ZIP: SLOCOMB AL	<input type="checkbox"/> Delete
TITLE: SD NAME: RICHARDSON, LORETTA C. STREET ADDRESS: 1154 - 10TH AVE. CITY - ST - ZIP: GRACEVILLE FL	<input type="checkbox"/> Delete
TITLE: D NAME: RICHARDSON, W. W. STREET ADDRESS: 1154 - 10TH AVE. CITY - ST - ZIP: GRACEVILLE FL	<input type="checkbox"/> Delete
TITLE: D NAME: BROOKS, MARGARET STREET ADDRESS: PO BOX 276 CITY - ST - ZIP: GRACEVILLE FL 32440	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY - ST - ZIP: _____	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Loretta C. Richardson DATE: 2/25/05
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR