

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16951

FILED
May 03, 2011
Secretary of State

Entity Name: W. W. RICHARDSON, M.D. AND LORETTA C. RICHARDSON FOUNDATION, INC.

Current Principal Place of Business:

% WILLIAM W. RICHARDSON
1154 10TH AVENUE
GRACEVILLE, FL 32440

New Principal Place of Business:

Current Mailing Address:

% WILLIAM W. RICHARDSON
1154 10TH AVENUE
GRACEVILLE, FL 32440

New Mailing Address:

FEI Number: 59-2760529 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

COATES, CHERI R SEC.
14237 GREENTREE TRAIL
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DV
Name: MIXSON, BRYON
Address: 5959 HWY 77
City-St-Zip: GRACEVILLE, FL 32440 US

Title: PD
Name: TURNER, JOHN B
Address: 1006 MIXON ST
City-St-Zip: GRACEVILLE, FL 32440 US

Title: TD
Name: HEISLER, THOMAS
Address: 5381 CLIFF STREET
City-St-Zip: GRACEVILLE, FL 32440 US

Title: SD
Name: COATES, CHERI RICHARDSON
Address: 14237 GREENTREE TRAIL
City-St-Zip: WELLINGTON, FL 33414

Title: D
Name: RICHARDSON, W. W.
Address: 1154 - 10TH AVE.
City-St-Zip: GRACEVILLE, FL

Title: D
Name: BROOKS, MARGARET
Address: PO BOX 276
City-St-Zip: GRACEVILLE, FL 32440

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: CHERI R. COATES

SEC

05/03/2011

Electronic Signature of Signing Officer or Director

_____ Date