

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Jan 31, 2003 8:00 am
Secretary of State

01-31-2003 90378 049 ****61.25

DOCUMENT # N16951



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

Principal Place of Business Mailing Address
% LORETTA C. RICHARDSON **% LORETTA C. RICHARDSON**
P.O. BOX 188 **P.O. BOX 188**
GRACEVILLE FL 32440 **GRACEVILLE FL 32440**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business		3. Mailing Address		4. FEI Number 59-2760529		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				Not Applicable	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent							
RICHARDSON, LORETTA C. 1154 - 10TH AVE. GRACEVILLE FL 32440				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25

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

12. 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 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 1/23/03 850-269-3522

CR2E037 (10/02)