

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State

04-06-2005 90110 032 ****61.25

DOCUMENT # N18382

1. Entity Name
RICHARD S. JOHNSON FAMILY FOUNDATION, INC.



Principal Place of Business
505 S. FLAGLER DR.
SUITE 1010
WEST PALM BEACH, FL 33401 US

Mailing Address
P. O. BOX 85
WEST PALM BEACH, FL 33402 US



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

02222005 Chg-NP CR2E037 (10/03)

4. FEI Number
59-2762126

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

JOHNSON, RICHARD S
505 S FLAGLER DR
SUITE 1010
WEST PALM BEACH, FL 33401

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing 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	PD	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD S.	
STREET ADDRESS	751 ISLAND DR	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	VSD	<input type="checkbox"/> Delete
NAME	JOHNSON, PATSY S.	
STREET ADDRESS	751 ISLAND DR	
CITY-ST-ZIP	PALM BEACH, FL	
TITLE	VTD	<input type="checkbox"/> Delete
NAME	JOHNSON, RICHARD S. JR.	
STREET ADDRESS	1706 N LAKESIDE DRIVE	
CITY-ST-ZIP	LAKE WORTH, FL	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLAGG, CATHERINE S	
STREET ADDRESS	249 LA PUERTA WAY	
CITY-ST-ZIP	W PALM BCH, FL 33405	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, SCOTT A	
STREET ADDRESS	505 S FLAGLER DR STE 1010	
CITY-ST-ZIP	W PALM BCH, FL 33401	
TITLE	D	<input type="checkbox"/> Delete
NAME	AUSTIN, HELENE J.	
STREET ADDRESS	100 PLYMOUTH RD.	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SNED, PATRICIA J.	
STREET ADDRESS	165 ELWA PL	
CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #