

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 19, 2006 08:00 AM
Secretary of State

DOCUMENT # N18382 1. Entity Name RICHARD S. JOHNSON FAMILY FOUNDATION, INC.	
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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
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DO NOT WRITE IN THIS SPACE



03212008 No Chg-NP CR2E037 (11/05)

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

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

**DO NOT WRITE
IN THIS SPACE**

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.

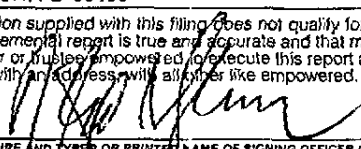
SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2006	9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	1100000518784 05/02/06-80025-017 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD JOHNSON, RICHARD S. 751 ISLAND DR PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD JOHNSON, PATSY S. 751 ISLAND DR PALM BEACH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD JOHNSON, RICHARD S. JR. 1706 N LAKESIDE DRIVE LAKE WORTH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D FLAGG, CATHERINE S 249 LA PUERTA WAY W PALM BCH, FL 33405
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D JOHNSON, SCOTT A 505 S FLAGLER DR STE 1010 W PALM BCH, FL 33401
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D AUSTIN, HELENE J. 100 PLYMOUTH RD. WEST PALM BEACH, FL 33405

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IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 as changed, or on an attachment with an address, will all other like empowered.

SIGNATURE:  **4/17/06**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #