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.

Principal Place of Business	Mailing Address
505 S. FLAGLER DR. SUITE 1010 WEST PALM BEACH, FL 33401 US	P. O. BOX 85 WEST PALM BEACH, FL 33402 US

DO NOT WRITE IN THIS SPACE

03212006 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

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

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

000001U518784
05/02/06-80025-017 61.25

10. OFFICERS AND DIRECTORS

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

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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 if changed, or on an attachment with an address, with all other like empowered.*

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