

**2008 NOT-FOR-PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 11, 2008 08:00 A**  
**Secretary of State**

**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



02192008 No Chg-NP

CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

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, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

U000000892172  
04/23/08-80054-021 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

**DO NOT WRITE  
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 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

4/8/08

Date

Daytime Phone #