

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N18382

FILED
Mar 24, 2009
Secretary of State

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

Current Principal Place of Business:

505 S. FLAGLER DR.
SUITE 1010
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

FEI Number: 59-2762126

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: JOHNSON, RICHARD S.,
Address: 751 ISLAND DR
City-St-Zip: PALM BEACH, FL

Title: VSD () Delete
Name: JOHNSON, PATSY S.,
Address: 751 ISLAND DR
City-St-Zip: PALM BEACH, FL

Title: VTD () Delete
Name: JOHNSON, RICHARD S., JR.
Address: 1706 N LAKESIDE DRIVE
City-St-Zip: LAKE WORTH, FL

Title: D () Delete
Name: FLAGG, CATHERINE S
Address: 249 LA PUERTA WAY
City-St-Zip: W PALM BCH, FL 33405

Title: D () Delete
Name: JOHNSON, SCOTT A
Address: 505 S FLAGLER DR STE 1010
City-St-Zip: W PALM BCH, FL 33401

Title: D () Delete
Name: AUSTIN, HELENE J.
Address: 100 PLYMOUTH RD.
City-St-Zip: WEST PALM BEACH, FL 33405

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD S JOHNSON

PD

03/24/2009

Electronic Signature of Signing Officer or Director

Date