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Jun 16 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N27053** (0)

1. Corporation Name

**RICHARDSON SCHOLARSHIP FOUNDATION, INC.**

Principal Place of Business

Mailing Address

1626 90TH AVE  
P.O. BOX 339  
VERO BCH. FL 32961-7339

1626 90TH AVE  
P.O. BOX 339  
VERO BCH. FL 32961-0339



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PEREZ, T. RENE**  
1626 90TH AVENUE  
VERO BEACH FL 32962

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DP** ☐ DELETE  
NAME **RICHARDSON, DANFORTH K.**  
STREET ADDRESS **1855 28TH AVENUE**  
CITY-ST-ZIP **VERO BEACH FL**

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE **DVP** ☐ DELETE  
NAME **KAHLE, SANDRA R.**  
STREET ADDRESS **6020 S.W. 5TH STREET**  
CITY-ST-ZIP **VERO BEACH FL**

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE **DAS** ☐ DELETE  
NAME **LUTHER, NANCY R.**  
STREET ADDRESS **555 SOUTH A1A**  
CITY-ST-ZIP **VERO BEACH FL**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE **DAT** ☐ DELETE  
NAME **HOPKINS, SUSAN R.**  
STREET ADDRESS **1580 GRACEWOOD LN.**  
CITY-ST-ZIP **VERO BCH. FL 32963**

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE **DST** ☐ DELETE  
NAME **PEREZ, TOMAS RENE**  
STREET ADDRESS **2019 CORTEZ AVE**  
CITY-ST-ZIP **VERO BCH. FL**

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE **D** ☐ DELETE  
NAME **KAHLE, GEORGE A.**  
STREET ADDRESS **6020 SW 5TH ST.**  
CITY-ST-ZIP **VERO BCH. FL**

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

CR2E037 (9/96)