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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

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P.O. BOX 339
VERO BCH. FL 32961-7339

3. Date Incorporated or Qualified

06/21/1988

4. FEI Number

65-0064113

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 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
NAME RICHARDSON, DANFORTH K.
STREET ADDRESS 1855 28TH AVENUE
CITY-ST-ZIP VERO BEACH FL

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

TITLE DVP
NAME KAHLE, SANDRA R.
STREET ADDRESS 0020 S.W. 5TH STREET
CITY-ST-ZIP VERO BEACH FL

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

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

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

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

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

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

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

TITLE D
NAME KAHLE, GEORGE A.
STREET ADDRESS 0020 SW 5TH ST.
CITY-ST-ZIP VERO BCH. FL

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

14. I 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.

SIGNATURE:

CR2E037 (10/97)