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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 05, 1999 8:00 am  
Secretary of State

05-05-1999 90165 011 \*\*\*\*61.25

DOCUMENT # N27053

1. Corporation Name

RICHARDSON SCHOLARSHIP FOUNDATION, INC.

Principal Place of Business  
1626 90TH AVE  
P.O. BOX 339  
VERO BCH. FL 32961-7339

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

28 City & State

29 Zip 30 Country

3. Date Incorporated or Qualified

06/21/1988

4. FEI Number

65-0064113

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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

TITLE DP ☐ DELETE

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

TITLE DVP ☐ DELETE

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

TITLE DAS ☐ DELETE

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

TITLE DAT ☐ DELETE

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

TITLE DST ☐ DELETE

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

TITLE D ☐ DELETE

NAME KAHLE, GEORGE A.  
STREET ADDRESS 6020 SW 5TH ST.  
CITY-ST-ZIP VERO BCH. FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

TOMAS RENE PEREZ, TREASURER

Date

Daytime Phone #

CR2E037 (11/98)