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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000789 (6)

1. Corporation Name

THE DEB RICHARD FOUNDATION, INC.



Principal Place of Business

125 HIDDEN COVE LANE
PONTE VEDRA BEACH FL 32082

Mailing Address

125 HIDDEN COVE LANE
PONTE VEDRA BEACH FL 32082

3. Date Incorporated or Qualified
02/10/1995

3a. Date of Last Report

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

MIKALS, JOHN J
50 NO. LAURA STREET STE. 3900
JACKSONVILLE FL 32202

81 Name

DEB RICHARD

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

125 HIDDEN COVE LANE

83

84 City

PONTE VEDRA BEACH

FL

85 Zip Code
32082

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]

Signature, typed or printed name of registered agent and date of appointment.

(NOTE: Registered Agent signature required when a new agent is appointed.)

MAR 10, 96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME
VERBLE, GARY
STREET ADDRESS
C/O 50 N. LAURA STREET STE. 3900
CITY-ST-ZIP
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
STOKES, E C JR.
STREET ADDRESS
C/O 50 N. LAURA STREET STE. 3900
CITY-ST-ZIP
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
DOUGLAS, G B
STREET ADDRESS
C/O 50 N. LAURA STREET STE. 3900
CITY-ST-ZIP
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
RICHARD, DEB
STREET ADDRESS
C/O 50 N. LAURA STREET STE. 3900
CITY-ST-ZIP
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
MIKALS, JOHN J
STREET ADDRESS
C/O 50 N. LAURA STREET STE. 3900
CITY-ST-ZIP
JACKSONVILLE FL 32202

TITLE ☐ DELETE

NAME
BLASSER, KURT
STREET ADDRESS
C/O 50 N. LAURA STREET STE. 3900
CITY-ST-ZIP
JACKSONVILLE FL 32202

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DEB RICHARD

1-31-96

Date

904/285-8211

Daytime Phone

CR2E037 (12/95)

PS 3/13/96