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Secretary of State

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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000000789

1. Corporation Name

THE DEB RICHARD FOUNDATION, INC.

155259 - 90072 - 46

Principal Place of Business
**125 HIDDEN COVE LANE
PONTE VEDRA BEACH FL 32082**

Mailing Address
**125 HIDDEN COVE LANE
PONTE VEDRA BEACH FL 32082**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		02/10/1995	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		59-3295579	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Country		Trust Fund Contribution	
24		25		29	
30		31		32	

9. Name and Address of Current Registered Agent

**RICHARD, DEB
125 HIDDEN COVE LANE
POINTE VEDRA BEACH FL 32082**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BILL RUSSELL	1.2 NAME	GARY GUZZO
STREET ADDRESS	C/O 125 HIDDEN COVE LANE	1.3 STREET ADDRESS	4502 Rockbridge Hollow
CITY-ST-ZIP	PONTE VEDRA BCH FL 32082	1.4 CITY-ST-ZIP	Tallahassee, FL 32308
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DOUGLAS, G B	2.2 NAME	
STREET ADDRESS	C/O 125 HIDDEN COVE LANE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VEDRA BEACH FL 32082	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RICHARD, DEB	3.2 NAME	
STREET ADDRESS	C/O 125 HIDDEN COVE LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA BEACH FL 32082	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PALMER, ANN	4.2 NAME	
STREET ADDRESS	C/O 125 HIDDEN COVE LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA BEACH FL 32082	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, CHRIS	5.2 NAME	
STREET ADDRESS	C/O 125 HIDDEN COVE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDA BEACH FL 32082	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STROCK, SUZY	6.2 NAME	
STREET ADDRESS	C/O 125 HIDDEN COVE LANE	6.3 STREET ADDRESS	
CITY-ST-ZIP	PONTE VERDE BEACH FL 32082	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:

SIGNATURE REQUIRED

Bill Russell 2/8/99 904/354-5910 x 3011

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)