

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004189

FILED
Feb 14, 2005
Secretary of State

Entity Name: THE ELEANOR RICHARDS JOHNSON FOUNDATION, INC.

Current Principal Place of Business:

6406 BLUE BAY CIRCLE
LAKE WORTH, FL 33467 US

New Principal Place of Business:

Current Mailing Address:

6406 BLUE BAY CIRCLE
LAKE WORTH, FL 33467 US

New Mailing Address:

FEI Number: 65-0690478

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

BROUSSARD, ARNOLD A
6406 BLUE BAY CIRCLE
LAKE WORTH, FL 33467 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DPSC () Delete
Name: BROUSSARD, ARNOLD A
Address: 6406 BLUE BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: DVT () Delete
Name: BROUSSARD, LORIE S
Address: 6406 BLUE BAY CIRCLE
City-St-Zip: LAKE WORTH, FL 33467

Title: D () Delete
Name: ALLEN, JOHN
Address: 5040 SEDONA COURT
City-St-Zip: COLUMBUS, GA 31907

Title: D () Delete
Name: JADWICK, DOREEN K
Address: 2889 SW 22ND CIRCLE UNIT 48B
City-St-Zip: DELRAY BEACH, FL 33445

Title: VD () Delete
Name: SPARKS, MARY D
Address: 40 HARBOR DRIVE NORTH
City-St-Zip: OCEAN RIDGE, FL 33435

Title: D () Delete
Name: THEBEAU, KATHERINE G
Address: 2250 NEWFOUND HARBOUR DRIVE
City-St-Zip: MERRITT ISLAND, FL 32952

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: THEBEAU, KATHERINE G
Address: 289 LORAIN DR, APT 243
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LORIE S BROUSSARD

DVT

02/14/2005

Electronic Signature of Signing Officer or Director

Date