

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N96000004189

FILED  
Apr 24, 2009  
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 ( )

**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 US

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

Title: D ( ) Delete  
Name: BROUSSARD, DANIELLE L  
Address: 325 ALIX STREET  
City-St-Zip: NEW ORLEANS, A 70114 US

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DPS (X) Change ( ) Addition  
Name: BROUSSARD, ARNOLD A  
Address: 6406 BLUE BAY CIRCLE  
City-St-Zip: LAKE WORTH, FL 33467 US

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

Title: D (X) Change ( ) Addition  
Name: BROUSSARD, DANIELLE L  
Address: 325 ALIX STREET  
City-St-Zip: NEW ORLEANS, LA 70114 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: ARNOLD A. BROUSSARD

DPS

04/24/2009

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date