

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 15, 2003 8:00 am**  
**Secretary of State**

01-15-2003 90302 048 \*\*\*\*70.00

**DOCUMENT # N96000004189**

1. Entity Name  
**THE ELEANOR RICHARDS JOHNSON FOUNDATION, INC.**



Principal Place of Business  
**6406 BLUE BAY CIRCLE  
LAKE WORTH FL 33467  
US**

Mailing Address  
**6406 BLUE BAY CIRCLE  
LAKE WORTH FL 33467  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number **65-0690478**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

Name

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

City

**FL**

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.

**\$5.00** May Be Added to Fees

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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TITLE	NAME	TITLE	NAME
	<b>DPSC BROUSSARD, ARNOLD A 6406 BLUE BAY CIRCLE LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>DVT BROUSSARD, LORIE S 6406 BLUE BAY CIRCLE LAKE WORTH FL 33467</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D ALLEN, JOHN 5040 SEDONA COURT COLUMBUS GA 31907</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D JADWICK, DOREEN K 2889 SW 22ND CIRCLE UNIT 48B DELRAY BEACH FL 33445</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>VD SPARKS, MARY D 6007 RIDGE LANE OCEAN RIDGE FL 33435</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>D THEBEAU, KATHERINE G 3700 E CURRY FORD RD APT U4 ORLANDO FL 32806</b> <input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Lorie Broussard* 1/10/03 561-523-8899

CR2E037 (10/02)