

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N97000003026

1. Corporation Name

THE W.W. RICHARDSON FAMILY FOUNDATION, INC.

Principal Place of Business

7457 CYPRESS BEND MANOR
VERO BEACH FL 32966

Mailing Address

7457 CYPRESS BEND MANOR
VERO BEACH FL 32966

FILED
Feb 22, 1999 8:00 am
Secretary of State

02-22-1999 90113 018 ****61.25



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		05/27/1997	
22		27		4. FEI Number <input checked="" type="checkbox"/> Applied For APPLIED FOR	
23		28		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
25		30			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
RICHARDSON, WILLIAM W 7457 CYPRESS BEND MANOR VERO BEACH FL 32966				81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RICHARDSON, WILLIAM W			1.2 NAME		
STREET ADDRESS 7457 CYPRESS BEND MANOR			1.3 STREET ADDRESS		
CITY-ST-ZIP VERO BEACH FL 32966			1.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RICHARDSON, WILLIAM H			2.2 NAME		
STREET ADDRESS 7457 CYPRESS BEND MANOR			2.3 STREET ADDRESS 1235 PARK AVE APT 9C		
CITY-ST-ZIP VERO BEACH FL 32966			2.4 CITY-ST-ZIP NEW YORK NY 10128		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RICHARDSON, CONRADINA C			3.2 NAME		
STREET ADDRESS 7457 CYPRESS BEND MANOR			3.3 STREET ADDRESS		
CITY-ST-ZIP VERO BEACH FL 32966			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RICHARDSON, DAVID C			4.2 NAME		
STREET ADDRESS 7457 CYPRESS BEND MANOR			4.3 STREET ADDRESS 5625 CRYLYN CT.		
CITY-ST-ZIP VERO BEACH FL 32966			4.4 CITY-ST-ZIP DULUTH GA 30097		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME RICHARDSON, KATHERINE E			5.2 NAME		
STREET ADDRESS 7457 CYPRESS BEND MANOR			5.3 STREET ADDRESS 30 CARROLL CIR-LE		
CITY-ST-ZIP VERO BEACH FL 32966			5.4 CITY-ST-ZIP WESTON MASS 02493		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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:

William W. Richardson 1/7/99 561-778-1956
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)