

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N16951

FILED
Apr 11, 2014
Secretary of State
CC7653312608

Entity Name: W. W. RICHARDSON, M.D. AND LORETTA C. RICHARDSON FOUNDATION, INC.

Current Principal Place of Business:

% WILLIAM W. RICHARDSON
1154 10TH AVENUE
GRACEVILLE, FL 32440

Current Mailing Address:

% WILLIAM W. RICHARDSON
1154 10TH AVENUE
GRACEVILLE, FL 32440

FEI Number: 59-2760529

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

COATES, CHERI RSEC.
1154 10TH AVENUE
GRACEVILLE, FL 32440 US

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

Officer/Director Detail :

Title DV
Name MIXSON, BYRON
Address 5959 HWY 77
City-State-Zip: GRACEVILLE FL 32440

Title PD
Name TURNER, JOHN B
Address 1006 MIXON ST
City-State-Zip: GRACEVILLE FL 32440

Title TD
Name HEISLER, THOMAS
Address 5676 HIGHWAY 77
City-State-Zip: GRACEVILLE FL 32440

Title SD
Name COATES, CHERI RICHARDSON
Address 1154 10TH AVENUE
City-State-Zip: GRACEVILLE FL 32440

Title D
Name RICHARDSON, WILLIAM W
Address 1154 - 10TH AVE.
City-State-Zip: GRACEVILLE FL 32440

Title D
Name BROOKS, MARGARET
Address PO BOX 276
City-State-Zip: GRACEVILLE FL 32440

Title DIRECTOR
Name RICHARDSON, WILLIAM G
Address 4012 RICHARDSON ROAD
City-State-Zip: PANAMA CITY FL 32404

I hereby 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 all other like empowered.

SIGNATURE: CHERI RICHARDSON COATES

SECRETARY

04/11/2014

Electronic Signature of Signing Officer/Director Detail

Date