

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N21000013931

**Entity Name:** JOHNSON & PAPALEO YOUTH ACADEMY FOUNDATION, INC.

**FILED**  
**Mar 28, 2024**  
**Secretary of State**  
**6941371225CC**

**Current Principal Place of Business:**

1914 10TH STREET SOUTH  
ST. PETERSBURG, FL 33705

**Current Mailing Address:**

PO BOX 35297  
ST.PETERSBURG, FL 33705 US

**FEI Number: 87-3829676**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HALL, ANGELA  
1914 10TH STREET SOUTH  
ST. PETERSBURG, FL 33705 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            PRES  
Name            HALL, ANGELA  
Address        1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG US 33705

Title            VP  
Name            REYNOLDS, ALANA  
Address        1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title            SEC  
Name            WATSON, MICHELLE  
Address        1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title            TRES  
Name            ROGERS, FELICIA  
Address        1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title            BM  
Name            PRICE, JENIQUA  
Address        1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title            BM  
Name            HALL-PAPALEO, DENISE  
Address        1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title            BM  
Name            SNEED, ESSIE  
Address        1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title            BM  
Name            RUTH, KENYADA  
Address        1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

**Continues on page 2**

*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: ANGELA HALL**

**PRESIDENT**

**03/28/2024**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title BM  
Name JOHNSON, CHAUNICE  
Address 1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705

Title BM  
Name JACKSON, CHANTA  
Address 1914 10TH STREET SOUTH  
City-State-Zip: ST. PETERSBURG FL 33705