

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morhart
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F94000001347 (3)

1. Corporation Name

LOUIS JAY - JOSEPHINE JOHNSON MEMORIAL SCHOLARSH
IP FOUNDATION, INC.

Principal Place of Business

8901 S.W. 127 TERRACE
MIAMI FL 33176

Mailing Address

8901 S.W. 127 TERRACE
MIAMI FL 33176



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/16/1994		3a. Date of Last Report 04/18/1995	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 52-1736381		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

TERRY, LEROY
8901 S.W. 127 TERRACE
MIAMI FL 33176

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '12	
TITLE	PCD	1.1 TITLE	
NAME	HARRIS, WILLIAM T	1.2 NAME	
STREET ADDRESS	3650 TEXAS AVE S.E.	1.3 STREET ADDRESS	
CITY - ST - ZIP	WASHINGTON DC	1.4 CITY - ST - ZIP	
TITLE	VD	2.1 TITLE	
NAME	RICKS, IDA D	2.2 NAME	
STREET ADDRESS	2981 RIPLEY	2.3 STREET ADDRESS	
CITY - ST - ZIP	CLEVELAND OH	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	
NAME	BURDEN, FRANK	3.2 NAME	
STREET ADDRESS	1301 N.W. 77 STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	S	4.1 TITLE	
NAME	JAMES, LEOLA	4.2 NAME	
STREET ADDRESS	22585 RANKIN ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	BEDFORD HEIGHTS OH	4.4 CITY - ST - ZIP	
TITLE	T	5.1 TITLE	
NAME	HARRIS, CATHY	5.2 NAME	
STREET ADDRESS	9204 LOUCHRAN ROAD	5.3 STREET ADDRESS	
CITY - ST - ZIP	FT WASHINGTON MD	5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

600001762626
-03/29/96--01042--023
***61.25

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: William T. Harris

SIGNATURE AND TYPE OR PRINTED NAME

3/22/92 3:29-96

CR2E037 (12/96)