

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 8:00 am
Secretary of State

05-03-2004 90779 011 ****70.00

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1. Entity Name
**THE FLOYD C. JOHNSON AND FLO SINGER JOHNSON
FOUNDATION, INC.**



Principal Place of Business
3900 CLARK ROAD, BLDG R
SARASOTA, FL 34233

Mailing Address
3900 CLARK ROAD, BLDG R
SARASOTA, FL 34233

13010000

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number
65-0971968

Applied For
Not Applicable

Zip

Country

Zip

Country

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

PITTINGER, KEITH A
1605 MAIN ST., STE 1010
SARASOTA, FL 34236

Name **Same Registered**
Street Address (P.O. Box Number is Not Acceptable) **Agent**
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 re-registering)

DATE

**Filing Fee is \$61.25
Due by May 1, 2004**

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

TITLE	PD	<input checked="" type="checkbox"/> Delete
NAME	JOHNSON, FLOYD C	
STREET ADDRESS	30 MIRA MAR COURT	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	JOHNSON, CHARLOTTE S FLO	
STREET ADDRESS	30 MIRA MAR COURT	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	SD	<input checked="" type="checkbox"/> Delete
NAME	MAGNUSON, DUANE C	
STREET ADDRESS	3900 CLARK ROAD, BLDG R LAKE SHORE VIL PLZ	
CITY-ST-ZIP	SARASOTA, FL 34233	
TITLE	D	<input type="checkbox"/> Delete
NAME	JONES, DAVID R	
STREET ADDRESS	1619 ALDERMAN	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	D	<input type="checkbox"/> Delete
NAME	BARTH, DIANE	
STREET ADDRESS	1144 MORNINGSIDe PLACE	
CITY-ST-ZIP	SARASOTA, FL 34236	
TITLE	T	<input type="checkbox"/> Delete
NAME	PITTINGER, KEITH A	
STREET ADDRESS	3900 CLARK ROAD BLDG R	
CITY-ST-ZIP	SARASOTA, FL 34233	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	P.D.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Johnson, Charlotte S. Flo	
STREET ADDRESS	30 Mira Mar Court	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S.D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Barth, Diane	
STREET ADDRESS	1144 Morning side Place	
CITY-ST-ZIP	Sarasota, FL 34236	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: Diane Barth Diane Barth 4/29/04
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

9413881086