


2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2007 8:00 am
Secretary of State

05-02-2007 90096 034 ****61.25

DOCUMENT # N00000004051					
1. Entity Name THE FLOYD C. JOHNSON AND FLO SINGER JOHNSON FOUNDATION, INC.					
Principal Place of Business 1144 MORNINGSIDE PL. SARASOTA, FL 34236			Mailing Address P.O. BOX 5669 SARASOTA, FL 34277		
2. Principal Place of Business - No P.O. Box # 1605 Main St		3. Mailing Address Bradenton			
Suite, Apt. #, etc. 1010		Suite, Apt. #, etc.			
City & State Bradenton FL		City & State FL		4. FEI Number 65-0971968	
Zip 34236		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent PITTINGER, KEITH A 1605 MAIN ST., STE 1010 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2007		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE PD NAME JOHNSON, CHARLOTTE S FLO STREET ADDRESS 30 MIRA MAR COURT CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE PD NAME Johnson Flo Singer STREET ADDRESS Box 5669 CITY-ST-ZIP Sarasota FL 34277	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE D NAME JONES, DAVID R STREET ADDRESS 1619 ALDERMAN CITY-ST-ZIP SARASOTA, FL 34236	<input checked="" type="checkbox"/> Delete		TITLE D NAME PAGE KNOEBEL STREET ADDRESS Palma Sole Dr CITY-ST-ZIP Bradenton FL	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE SD NAME BARTH, DIANE STREET ADDRESS 1144 MORNINGSIDE PLACE CITY-ST-ZIP SARASOTA, FL 34236	<input type="checkbox"/> Delete		TITLE SD NAME BARTH, DIANE STREET ADDRESS 342 N WASHINGTON DR CITY-ST-ZIP SARASOTA, FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE T NAME PITTINGER, KEITH A STREET ADDRESS 3900 CLARK ROAD BLDG R CITY-ST-ZIP SARASOTA, FL 34233	<input type="checkbox"/> Delete		TITLE T NAME PITTINGER, KEITH A STREET ADDRESS SUITE 1010 1605 Main ST CITY-ST-ZIP Sarasota FL 34236	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE D NAME LISA RUSSO STREET ADDRESS 2271 Lakewood Dr CITY-ST-ZIP NOKOMIS 34275	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: _____ 5/D 4/30/07 9413881086 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					