## 2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

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

DOCUMENT # N0000004051  1. Entity Name THE FLOYD C. JOHNSON AND FLO SINGER JOHNSON FOUNDATION, INC.						-	05-02-200′	7 90096 (	)34 ****61	25
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 # 3. Mailing Address 1605 Main S+				23X)~					81831 18141 83181	
Suite, Apt, #, etc. Suite, Apt, #, etc.						04302007	Chg-NP	CR2E037 (12/06)		
City & State, City & State						4. FEI Number			I A	pplied For
Bradenton F		<del>\$</del>				65-0971968 Not Applicable				
Zip ZY236 Country		Zip	Zip Cou		5. Certificate of Status Des			ed 🔲	\$8.75 Ad Fee Requir	
	6. Name and Address of Current	Registered Agent		Name		7. Name and	Address of Nev	w Registere	d Agent	
PITTÉNGER, KEITH A				Name						
L 1605 MAIN ST., STE 1010 SARASOTA, FL 34236				Street A	ddress (P.	O. Box Number	r is Not Accepta	able)		
SARASOTA, FL 34236										
<b>∖</b>				City				F		
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  Signature, typed or printed name of registered agent and tale if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE										
	Signature, typed or printed name of registered agent.	and title if applicable.	(NOTE: Regis	istered Agent signatu	are required w	hen reinstating)		DAT	Ē	
F	Filling Fee is \$61.25 Due by May 1, 2007	9. E	(NOTE: Regis lection Campaig rust Fund Contri	gn Financing		\$5.00 May Be Added to Fees	F	Make che lorida Der	eck payable partment of S	State
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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Rorida 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:** 

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR

4/30/017

9413881086

Daytme Phone #