

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2001 8:00 am
Secretary of State

05-24-2001 90491 011 ****70.00

DOCUMENT # N00000007034

1. Entity Name

THE JAMES WELDON JOHNSON NATIONAL ARTS INSTITUTE

Principal Place of Business

101 W. 27TH STREET
 JACKSONVILLE FL 32206

Mailing Address

PO BOX 43385
 JACKSONVILLE FL 32203

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number 59-3680504

Applied For

Not Applicable

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

COON, SHARON
101 W. 27TH STREET
JACKSONVILLE FL 32206

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.

SIGNATURE

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

(NOT Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
 Trust Fund Contribution. ☐

\$5.00 May Be
 Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **CEO** ☐ Delete
 NAME **COON, SHARON**
 STREET ADDRESS **101 W. 27TH STREET**
 CITY-ST-ZIP **JACKSONVILLE FL 32206**

TITLE ~~CEO~~ ☒ Change ☐ Addition
 NAME **Dr. Carolyn Williams**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **JENKINS, TONY**
 STREET ADDRESS **2037 WISTEN ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32207**

TITLE ~~Chair~~ ☐ Change ☒ Addition
 NAME **Dr. Carolyn Williams**
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **FOWLER, SARAH**
 STREET ADDRESS **4214 POINTE HAVEN DR. S**
 CITY-ST-ZIP **JACKSONVILLE FL 32218**

TITLE ~~Treasurer~~ ☒ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WILLIAMS, CAROLYN DR**
 STREET ADDRESS **1576 W. 13TH ST.**
 CITY-ST-ZIP **JACKSONVILLE FL 32209**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **D** ☐ Delete
 NAME **WRIGHT, STEPHEN C DR.**
 STREET ADDRESS **127 LANGSTON DR.**
 CITY-ST-ZIP **SANFORD FL 32771-3970**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ 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 is 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 REQUIRED

5/21/01 904 353-7350

CR2E037 (10/00)