FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 10 PM 2:15

DOCUMENT # N20674 (0)

1. Corporation Name
JACQUELINE ELVIRA HODGES JOHNSON FUND, INCORPORATION

Principal Place of Business	Mailing Address
2901 38TH STREET SOUTH ST. PETERSBURG FL 33711	2901 38TH ST. O ST. PETERSBURG FL 33711 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/15/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2817577 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

WALKER, RICHARD J.
3597 ABINGTON AVENUE SOUTH
ST. PETERSBURG FL 33711

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	D	1.1 TITLE	CHAIR PERSON	☐ Change ☒ Addition
NAME	UPHAUS, RUTH	1.2 NAME	GEORGIA M. JOHNSON	
STREET ADDRESS	1246 ALAZAR WAY S.	1.3 STREET ADDRESS	2901 38TH STREET SOUTH	
CITY-ST-ZIP	ST. PETERSBURG FL	1.4 CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	2.1 TITLE	D.	☒ Change ☐ Addition
NAME	HODGES, PAUL	2.2 NAME	RUTH UPHAUS	
STREET ADDRESS	3081 21ST AVE S	2.3 STREET ADDRESS	1246 ALZAR WAY S	
CITY-ST-ZIP	ST. PETERSBURG FL	2.4 CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	3.1 TITLE	D	☒ Change ☐ Addition
NAME	BANKS, ELLA M.	3.2 NAME	CHARLES WILLIAMS	
STREET ADDRESS	7917 SINGING CT. PLACE	3.3 STREET ADDRESS	2030 19TH ST. SO	
CITY-ST-ZIP	TAMPA FL	3.4 CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	4.1 TITLE	D	☒ Change ☐ Addition
NAME	HODGES, ANNIE M.	4.2 NAME	JESSE L. FENNELL	
STREET ADDRESS	3595 29TH AVENUE SOUTH	4.3 STREET ADDRESS	2030 19TH ST. SO	
CITY-ST-ZIP	ST. PETERSBURG FL	4.4 CITY-ST-ZIP	ST PETERSBURG, FL	
TITLE	D	5.1 TITLE		☐ Change ☐ Addition
NAME	FENNELL, JESSE L.	5.2 NAME		
STREET ADDRESS	2030 19TH STREET SO.	5.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE		☐ Change ☐ Addition
NAME	WILLIAMS, CHARLES E.	6.2 NAME		
STREET ADDRESS	644 62ND AVE. S.	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST. PETERSBURG FL	6.4 CITY-ST-ZIP		

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)(i), 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: Georgia M. Johnson Georgia M. Johnson CHAIRPERSON 2-6-95 (813) 867-9567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0056164