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FILED

Jan 16 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1997**FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS**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. SOUTH  
ST. PETERSBURG FL 33711-3732  
US****3. Date Incorporated or Qualified  
05/15/1987****3a. Date of Last Report  
05/16/1996****2. Principal Place of Business****2a. Mailing Address****21****26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22****27**

City &amp; State

City &amp; State

**23****28**

Zip

Country

Zip

Country

**24****25****29****30****9. Name and Address of Current Registered Agent****10. Name and Address of New Registered Agent****WALKER, RICHARD J.  
3597 ABINGTON AVENUE SOUTH  
ST. PETERSBURG FL 33711****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 617.0502 and 617.1508, 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 617.0503, 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	<b>C</b>	<input type="checkbox"/> DELETE
NAME	<b>JOHNSON, GEORGIA M</b>	
STREET ADDRESS	<b>2901 38TH STREET SOUTH</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	<b>DT BAWKS</b>	<input type="checkbox"/> DELETE
NAME	<b>BAUKS, ELLA</b>	
STREET ADDRESS	<b>7917 SINGING COURT PLACE</b>	
CITY-ST-ZIP	<b>TAMPA FL</b>	

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	<b>DVC</b>	<input type="checkbox"/> DELETE
NAME	<b>ROBINSON, ANNIE M</b>	
STREET ADDRESS	<b>3595 29TH AVE. SO.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HODGES, PAUL</b>	
STREET ADDRESS	<b>3081 21ST AVE. SO.</b>	
CITY-ST-ZIP	<b>ST PETERSBURG FL</b>	

4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>DENDY, BETTY</b>	
STREET ADDRESS	<b>2201 LAMPILLA WAY SO.</b>	
CITY-ST-ZIP	<b>ST. PETERSBURG FL</b>	

5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**14. I do 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 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 1-6-97 (813) 867-9567**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0050615

CR2E037 (9/96)