

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 25, 2002 8:00 am
Secretary of State

01-25-2002 90004 016 ****61.25

DOCUMENT # N20674

1. Entity Name

JACQUELINE ELVIRA HODGES JOHNSON FUND, INCORPORATION

Principal Place of Business

**2901 38TH STREET SOUTH
 ST. PETERSBURG FL 33711**

Mailing Address

**2901 38TH ST. SOUTH
 ST. PETERSBURG FL 33711-3732
 US**

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

59-2817577

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

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

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.

(NOTE: 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 **C** ☐ Delete
 NAME **JOHNSON, GEORGIA M**
 STREET ADDRESS **2901 38TH STREET SOUTH**
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **DT** ☐ Delete
 NAME **BAUKS, ELLA**
 STREET ADDRESS **7917 SINGING COURT PLACE**
 CITY-ST-ZIP **TAMPA FL**

TITLE ☒ Change ☐ Addition
 NAME **DT**
 STREET ADDRESS **BAUKS, ELLA**
 CITY-ST-ZIP **7917 SINGING CT PL**
TAMPA, FL

TITLE **DVC** ☐ Delete
 NAME **ROBINSON, ANNIE M**
 STREET ADDRESS **3595 29TH AVE. SO.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

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

TITLE **D** ☐ Delete
 NAME **HODGES, PAUL**
 STREET ADDRESS **3081 21ST AVE. SO.**
 CITY-ST-ZIP **ST PETERSBURG FL**

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

TITLE **D** ☐ Delete
 NAME **DENDY, BETTY**
 STREET ADDRESS **2201 LAMPRIILA WAY SO.**
 CITY-ST-ZIP **ST. PETERSBURG FL**

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 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:

2002 JAN 25 8:00 AM
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
BAUKS, ELLA (BANKS)
 Date **1/11/02** Daytime Phone # **727 867-9567**

CR2E037 (9/01)