FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N20959

(5)

JOHNSON GROUP HOMES, INC.

Principal Place of Business

Mailing Address

203 N.E. 1ST STREET

703 N.E. 1ST STREET

FILED Apr 15 1997 8:00am Secretary of State



GAINESVILLE FL		GAINESVILLE FL 32601-5304								
						3. Date Incorporated or Qualified 06/03/1987		ite of L 12/16/	ast Report 1996	t
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number			Applied	d For	
21 John	nson Group Homes,	26 3525 NW 22nd Terrace			59-2853697			Not Ap	plicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired	ĸ	•	75 Additi ee Require	
City & Stat	nesville FL.	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zijo	Cou	ntry		8. This corporation has liability for	intangible	tax uni	der s. 199	.032,
24 3260)4 ²⁵ Alachua	29	30				Yes [
	9, Name and Address of Current	Registered Agent				10. Name and Address of New Re	gistered .	Agent		
				81	Name					
MILLER, :	SHANNON M			82	Street Addre	ess (P.O. Box Number is Not Acceptate	ole)			
703 NW	1ST STREET		-	83						
GAINESV	7LLE FL 32601		1	84	City			85	Zip Code	
·					J.,		FL		z.p oodo	
office or r agent. I a SIGNATURE	to the provisions of Sections 617,0502 registered agent, or both, in the State of the familiar with, and accopt the obligations of registered agent states.	of Horida. Such change was ions of, Section 617.0503, F	authorized Iorida Stati	d by utes	the corporation.	on's board of directors. I hereby accepted who reinstating)	of the app	ointmei	nt as regis	stered
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN	12
TITLE	VD	DELETE	1.1 TIT	ILE				☐ Cha	inge 🔲	Addition
NAME	COLEMAN, ANNIE		1.2 NA	ME						
STREET ADDRESS	1109 BROWN STREET #4C		1.3 \$1	REET	ADDRESS					
CITY-ST-ZIP	PEEKSKILL NY		1.4 CIT	[Y-S]	T-ZIP					
TITLE	PTD	DELFTE	2.1 TiT	LE				Cha	nge 🔲	Addition
NAME	JOHNSON, BETTY C		2.2 NA	ME						
STREET ADDRESS	3525 NW 22ND TERRACE		2.3 S1	REET	ADDRESS					
CITY-ST-ZIP	GAINESVILLE FL		2 4 C	TY-S	ST - ZIP					
TITLE	SD	DELETE	3 1 TiT	L F				Cha	nge 🔲	Addition
NAME	COLEMAN, RONNIE		3.2 NA	ME						
STREET ADDRESS	228 GATLIN ST.		3.3 ST	RET1	ADDRESS					
CITY-ST-ZIP	HOPKINS SC		3.4. C)	TY-S	ST - 7IP					
TITLE		[_] DELETE	4.1 T()	LE	1) Cha	nge 📙	Addition
NAME			4. 2 NA	AME						
STREET ADDRESS			4.3 S1	REET.	ADDRESS					
CITY-ST-ZIP			4.4 CIT		T - ZIP					 -
TITLE		L DELETE	5.1 TIT		}			Cha	nge 📙	Addition
NAME			5.2 NA							
STREET ADDRESS			1 '		ADDRESS					
CiTY-ST-ZIP		For exte	5.4 CIT			**		- T 0:		CALLES.
TITLE	the second secon	☐ DELETE	6.1 1)1					☐ Cha	nge []	Addition
NAME			6.2 NA							
STREET ADDRESS					ADDRESS					
CITY-ST-ZIP			6.4 CIT	[Y-S]	T- 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 trusted 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 any attachment with an address.