

**FILED**  
**Jul 09, 1999 8:00 am**  
**Secretary of State**

07-09-1999 90017 030 \*\*\*\*70.00

<b>NONPROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> <b>Secretary of State</b> <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N20959**

1. Corporation Name

JOHNSON GROUP HOMES, INC.

Principal Place of Business	Mailing Address
JOHNSON GROUP HOMES 703 N.E. 1ST STREET GAINESVILLE FL 32604 US	3525 N.W. 22ND TERRACE GAINESVILLE FL 32601 US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
1. Suite, Apt. #, etc.	2b. Suite, Apt. #, etc.	06/03/1987
2. City & State	27. City & State	4. FEI Number
3. Zip	28. Zip	59-2853697
Country	Country	Applied For
25	29	Not Applicable
26	30	5. Certificate of Status Desired <input checked="" type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing <input type="checkbox"/>
		Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, SHANNON M  
 703 NW 1ST STREET  
 C  
 GAINESVILLE FL 32601

81. Name	Betty C. JOHNSON
82. Street Address (P.O. Box Number is Not Acceptable)	5400 NW 39th Ave.
83. Apt. CC 279	
84. City	Gainesville, FL
85. Zip Code	32606

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

*Betty C. Johnson*  
 Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

7-18-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, ANNIE	1.2 NAME	
STREET ADDRESS	1109 BROWN STREET #4C	1.3 STREET ADDRESS	
CITY-STATE-ZIP	PEEKSKILL NY	1.4 CITY-STATE-ZIP	
TITLE	PTD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, BETTY C	2.2 NAME	5400 NW 39th Ave
STREET ADDRESS	3525 NW 22ND TERRACE	2.3 STREET ADDRESS	Apt CC 279
CITY-STATE-ZIP	GAINESVILLE FL	2.4 CITY-STATE-ZIP	Gainesville, FL 32606
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLEMAN, RONNIE	3.2 NAME	
STREET ADDRESS	228 GATLIN ST.	3.3 STREET ADDRESS	
CITY-STATE-ZIP	HOPKINS SC	3.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

14. 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 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, with all other like empowered.

SIGNATURE:

*Betty C. Johnson*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-4-99 (352) 376-1937  
 Date Daytime Phone #

CR2E07 (5/99)