

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 31, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90163 049 \*\*\*\*70.00

**DOCUMENT # N20959**



1. Entity Name  
**JOHNSON GROUP HOMES, INC.**

Principal Place of Business  
**JOHNSON GROUP HOMES  
703 N.E. 1ST STREET  
GAINESVILLE FL 32604  
US**

Mailing Address  
**3525 N.W. 22ND TERRACE  
GAINESVILLE FL 32601  
US**



CHECK HERE IF MAKING CHANGES

2. Principal Place of Business  
*Johnson Group Homes*

3. Mailing Address

Suite, Apt. #, etc.  
*3525 NW 22nd Terr*

Suite, Apt. #, etc.

City & State  
*Gainesville*

City & State

4. FEI Number **59-2853697**  
Applied For   
Not Applicable

Zip *32605* Country *FLORIDA*

Zip Country

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent  
**JOHNSON, BETTY C  
5400 NW 39TH AVE  
APT CC279  
GAINESVILLE FL 32605**

7. Name and Address of New Registered Agent  
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. I am familiar with, and accept the obligations of registered agent.  
*Betty C. Johnson*  
SIGNATURE \_\_\_\_\_ DATE *3-15-03*  
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00 May Be Added to Fees**

**Make Check Payable to Florida Department of State**

10. OFFICERS AND DIRECTORS	
TITLE <b>VD</b>	<input type="checkbox"/> Delete
NAME <b>COLEMAN, ANNIE</b>	
STREET ADDRESS <b>2109 MANOR VIEW COURT</b>	
CITY-ST-ZIP <b>COLUMBIA SC 29210</b>	
TITLE <b>PTD</b>	<input type="checkbox"/> Delete
NAME <b>JOHNSON, BETTY C</b>	
STREET ADDRESS <b>5400 NW 39TH AVE, APT CC279</b>	
CITY-ST-ZIP <b>GAINESVILLE FL 32606</b>	
TITLE <b>SD</b>	<input type="checkbox"/> Delete
NAME <b>COLEMAN, RONNIE</b>	
STREET ADDRESS <b>2437 DOVE LANE</b>	
CITY-ST-ZIP <b>COLUMBIA SC 29210</b>	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE <i>VDORIS King</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>15399 SW Fastenuggee Ave.</i>	
STREET ADDRESS <i>Fort White, FL 32608</i>	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE <i>SD</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <i>Rudine Styles</i>	
STREET ADDRESS <i>1001 NW 39th Ave</i>	
CITY-ST-ZIP <i>Gainesville, FL 32602</i>	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Betty C. Johnson*

*3-15-03 (352) 376-1937*

CR2E037 (10/02)