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FILED
May 15 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000003686 (1)
 1. Corporation Name
JAMES WELDON JOHNSON FOUNDATION, INC.



Principal Place of Business Mailing Address
5934 RICHARD ST JACKSONVILLE FL 32216 **5934 RICHARD ST JACKSONVILLE FL 32216**

3. Date Incorporated or Qualified
08/03/1995

4. FEI Number **59-3343969** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
 21 **5944 Richard Street** 26 **5944 Richard Street**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 **Jacksonville, FL** 27 **Jacksonville FL**
 City & State City & State
 23 **32216** 25 **32216** 29 **32216** 30
 Zip Country Zip Country

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

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

7. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
BURNS, TONIA Y
5934 RICHARD ST
JACKSONVILLE FL 32216

10. Name and Address of New Registered Agent
 81 Name **Robert E. Blount**
 82 Street Address (P.O. Box Number is Not Acceptable) **5414 Harden Avenue**
 83
 84 City **Orange Park** **FL** 85 Zip Code **32065**

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 *Robert E. Blount* *Robert E. Blount* **4/29/98**
 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	RANDELL, W.H.	
STREET ADDRESS	5934 RICHARD ST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BURNS, TONIA Y	
STREET ADDRESS	5934 RICHARD ST	
CITY-ST-ZIP	JACKSONVILLE FL 32216	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	JONES, SANDRA W	
STREET ADDRESS	9809 SPOTSWOOD DR. W	
CITY-ST-ZIP	JACKSONVILLE FL 32208	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	William Randell
1.3 STREET ADDRESS	5944 Richard St
1.4 CITY-ST-ZIP	Jacksonville, FL 32216
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Delores Brannon
2.3 STREET ADDRESS	5711 Tarpon Court
2.4 CITY-ST-ZIP	Jacksonville, Florida 32277
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Robert E Blount
3.3 STREET ADDRESS	5414 Harden Avenue
3.4 CITY-ST-ZIP	Orange Park, Florida 32065
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Terry Anthony
4.3 STREET ADDRESS	4411 Jiggermist Street
4.4 CITY-ST-ZIP	Jacksonville, Florida 32277
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Karen Landry
5.3 STREET ADDRESS	2416 Wattle Tree Road E.
5.4 CITY-ST-ZIP	Jacksonville, FL 32246
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 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: *Robert E. Blount* *Robert E. Blount* **4/29/98**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0005530

CR2E037 (10/97)