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NONPROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N95000003686 (1)

JAMES WELDON JOHNSON FOUNDATION, INC.

FILED May 15 1998 8:00am Secretary of State

Principal Plac	e of Business	Mailing Address	s			n immerian arm farmt grett fibret Solet Motte Abbit a	18198 IIII WIIDI 19	JAW WELL PART	
5934 RICHARD JACKSONVILLI			5934 RICHARD ST JACKSONVILLE FL 32216			3. Date Incorporated or Qualified 08/03/1995			
					4.	FEI Number	<u> </u>	olied For	
2 Principal F	Place of Business	2a. Mailing Add			<u></u>	59-3343969		Applicable	
21 594	4 Richard Str	reet 26 5944	Rich	ard Stree	61	Certificate of Status Desired	\$8.75 Ac	quired	
Suite, Apt.	#, etc.	Suite, Apt. #	, etc.		6.	Election Campaign Financing Trust Fund Contribution	\$5.00 M Added to		
City & Stat	le	City & State				Is this nonprofit corporation a homeowne			
	<u>ksavville. Fl</u>	_ 28 Jack	<u> 111002</u>	16 FF		· · · · · · · · · · · · · · · · · · ·	⊠ No		
Zip スクク	Country	Zip 29 322.11	<u>,</u> [Country	8.	This corporation owes or has paid the cu	—		
24 JAA	Name and Address of	100 07 07 07	₽ 30	<u> </u>				No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 12 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1									
I NODECT I KIN NOT									
BURNS, TONIA Y						ddress (P.O. Box Number is Not Acceptable)			
5934 RICHARD ST JACKSONVILLE FL 32216 83					2,11	1 Harden Avenue			
JAUNS	JNVILLE PL 32210			[60]					
				84 City	Don	ne fark FL	85 Zip C	oge, _	
11. Pursuant	to the provisions of Sections	617.0502 and 617.1508, Florid	da Statutes,	the above-named	corporatio	n summits this statement for the purpose of	f changing its	registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above named corporation summits 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 5.7	Shu D	Robe	DE. Blou	in				
Signature typed or printed name of registered agent and little if applicable (NOTE. Registered Agent signature required when reinstating) **DATE** DATE**									
12.		ERS AND DIRECTORS	E) ETE	13.	/	ADDITIONS/CHANGES TO OFFICERS AND			
TITLE	D DANDEN WILL	ר"ו חו	ELETE	1.1 TITLE		0 4011	X Change	☐ Addition	
NAME	Randell, W.H. 5934 Richard St			1.2 NAME	Willia	im Randell Richard St			
STREET ADDRESS	JACKSONVILLE FL 32	440		1.3 STREET ADDRESS					
CITY-ST-ZIP	SD SD	210 M DE	ELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Sonville, FL 32216	Change	Addition	
NAME	BURNS, TONIA Y	est or	LLLIE		Secre	res Brannoni	☐ Change	Addition	
STREET ADDRESS	5934 RICHARD ST			2.2 NAME 2.3 STREET ADDRESS	FILL	tarpon Court			
CITY-ST-ZIP	JACKSONVILLE FL 32	216		2.4 CITY-ST-ZIP	2.111	sonville, Florida 32	277		
TITLE	TD	₩ DE	LETE	3.1 TITLE	Presid	ent	Change	Addition	
NAME	JONES, SANDRA W			3.2 NAME		art E Blount			
STREET ADDRESS	9809 SPOTTSWOOD I	OR. W		3.3 STREET ADDRESS	5414	Harden Avenue			
CITY-ST-ZIP	JACKSONVILLE FL 32	208		3 4. CITY - ST - ZIP		nge Park, Florida	32 0 65	5 [
TITLE		De	LETE	4.1 TITLE	Direct	or		Addition	
NAME			•	4. 2 NAME	TECTY	Anthony class			
STREET ADDRESS				4.3 STREET ADDRESS	4411 =	riggermist-street	_		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		onville, Florida 32271	l .		
TITLE		☐ DE	LETE	5.1 TITLE	prech	Sandal	Change	Addition	
NAME				5.2 NAME	Kacer	JULIA TOUR ROAD E.			
STREET ADDRESS			ļ	5 3 STREET ADDRESS	24Ido 1	"Landry Wattle Tree Road E. WONLIE, FL 32246			
CITY-ST-ZIP				5.4 CiTY-ST-ZIP	Jacke	sonulic, FL SELTIO			
TITLE		□ DE	LETE	6.1 TITLE			Change	Addition	
NAME STREET ADDRESS				6.2 NAME					
STREET ADDRESS				6.3 STREET ADDRESS					
CITY-ST-ZIP				6.4 CITY - ST-ZIP					

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.

Daytima Phone * 0005530