

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90004 046 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000003686

1. Corporation Name

JAMES WELDON JOHNSON FOUNDATION, INC.

610394 - 90004 - 10

Principal Place of Business

5944 RICHARD ST
 JAX FL 32216
 US

Mailing Address

5944 RICHARD ST
 JAX FL 32216
 US



2. Principal Place of Business

21 **5944 RICHARD ST.**

Suite, Apt. #, etc.

City & State

23 **JACKSONVILLE, FLORIDA**

Zip

24 **32216**

Country

25 **USA**

2a. Mailing Address

26 **5944 RICHARD ST.**

Suite, Apt. #, etc.

City & State

28 **JACKSONVILLE, FLORIDA**

Zip

29 **32216**

Country

30 **USA**

3. Date Incorporated or Qualified

08/03/1995

4. FEI Number

59-3343969

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

BLOUNT, R E
5414 HARDEN AVE
ORANGE PK FL 32065

10. Name and Address of New Registered Agent

81 Name **LALONNIE D. BRANNON**

82 Street Address (P.O. Box Number is Not Acceptable)

5711 TARPON CT.

83

84 City **JACKSONVILLE**

FL

85 Zip Code **32277**

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: *Lalonnie D. Brannon, Secretary* DATE: **8/30/99**

12. OFFICERS AND DIRECTORS

TITLE **D** DELETE
 NAME **RANDELL, W.H.**
 STREET ADDRESS **5944 RICHARD ST**
 CITY-ST-ZIP **JACKSONVILLE FL 32216**

TITLE **S** DELETE
 NAME **BRANNON, D**
 STREET ADDRESS **5711 TARPON CT**
 CITY-ST-ZIP **JAX FL 32277**

TITLE **P** DELETE
 NAME **BLOUNT, R E**
 STREET ADDRESS **5414 HARDEN AVE**
 CITY-ST-ZIP **ORANGE PK FL 32065**

TITLE **D** DELETE
 NAME **ANTHONY, T**
 STREET ADDRESS **4411 JIGGERMIST ST**
 CITY-ST-ZIP **JAX FL 32277**

TITLE **D** DELETE
 NAME **LANDRY, K**
 STREET ADDRESS **2466 WATTLE TREE RD E**
 CITY-ST-ZIP **JAX FL 32246**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **C** Change Addition
 1.2 NAME **William H. RANDALL**
 1.3 STREET ADDRESS **5944 RICHARD ST.**
 1.4 CITY-ST-ZIP **JACKSONVILLE, FLORIDA 32216**

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE **D** Change Addition
 3.2 NAME **SHEILA D. RANDALL**
 3.3 STREET ADDRESS **8322 HOT SPRINGS DR. S.**
 3.4 CITY-ST-ZIP **JACKSONVILLE, FL. 32244**

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE **D** Change Addition
 5.2 NAME **VERA CAREY**
 5.3 STREET ADDRESS **1218 CIMMARON DR.**
 5.4 CITY-ST-ZIP **ORANGE PK. FL. 32073**

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *William H. Randall* **WILLIAM H. RANDALL** DATE: **8-5-99** DAYTIME PHONE #: **904-269-2119**

0000301
 CR2E037 (5/99)