

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).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

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

DOCUMENT # N95000003686

1. Corporation Name

JAMES WELDON JOHNSON FOUNDATION, INC.

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.

22

City & State

23 JACKSONVILLE, FLORIDA

Zip

24 32216

Country

25 USA

2a. Mailing Address

26 5944 RICHARD ST.

Suite, Apt. #, etc.

27

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

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

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 8222 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
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-5-99
Date

904-269-2119
Daytime Phone #

CR2E037 (5/99)