

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000005669 (5)**

1. Corporation Name

JAMES WELDON JOHNSON ATHLETIC BOOSTERS, INC.



Principal Place of Business 1840 W. 9TH STREET JACKSONVILLE FL 32209	Mailing Address 1840 W. 9TH STREET JACKSONVILLE FL 32209
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3. Date Incorporated or Qualified 11/30/1995	3a. Date of Last Report
4. FEI Number 59-3365281	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	25
29	30

9. Name and Address of Current Registered Agent LECOUNT, REUBEN 1840 W. 9TH STREET JACKSONVILLE FL 32209	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL
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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 *Reuben Lcount* *Deborah Lcount* *7/3/96* *June 14, 1996*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STILLEY, SHERRIE	1.2 NAME	
STREET ADDRESS	6943 HANSON DRIVE SOUTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32210	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEAD, KOKO	2.2 NAME	
STREET ADDRESS	13838 SPARTANBURG COURT	2.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32223	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GAINAY, KAREN	3.2 NAME	
STREET ADDRESS	4326 FALLING LEAF COURT	3.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32244	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LECOUNT, DEBORAH	4.2 NAME	
STREET ADDRESS	11876 CHERRY BARK COURT	4.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32218	4.4 CITY - ST - ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HATTEN, PATRICIA	5.2 NAME	
STREET ADDRESS	3318 BRIDER STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32208	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSS, VENUS P	6.2 NAME	
STREET ADDRESS	509 DALLEN LEA DRIVE	6.3 STREET ADDRESS	
CITY - ST - ZIP	JACKSONVILLE FL 32208	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Reuben Lcount* *Deborah Lcount* *7/3/96* *June 6, 1996* *757-6865*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (3/96)