1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000464

1. Corporation Name

THEODORE R. AND VIVIAN M. JOHNSON SCHOLARSHIP FO UNDATION, INC.

Principal Place of Business
C/O RICHARD A. KRAUSE ONE HARVARD CIRCLE
WEST PAIM REACH FL 33409

Mailing Address

C/O RICHARD A. KRAUSE ONE HARVARD CIRCLE WEST PALM BEACH FL 33409

FILED Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90002 020 ****70.00



2. Principal Pl	Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed					
11	26							01/27/199	8				
Suite, Apt.	uite, Apt. #, etc. Suite, Apt. #, etc.							4. FEI Number				olied For	
27								31-1613890				Applicable	
City & Stat	State City & State 28							5. Certificate of Status Desired 🗹				\$8.75 Additional Fee Required	
Zip	Country Zip							6. Election Campaign Financing \$5.00 May Be					
25 29 30					0			Trust Fund Contribution Added to Fees					
<u></u>	9. Name and Address of Current	Register	ed Agent		T			10. Name and A	ddress of New Re	gistered	Agent		
					81	Name			•				
MANUAL BIOLIADO A					82 Street Address (P.O. Box Number is Not Acceptable)								
KRAUSE, RICHARD A					311881 Address (F.O. Box Humber is Not Acceptable)								
ONE HARVARD CIRCLE					83								
WEST PALM BEACH FL 33409													
					84 City					FL	85 Zip C	Sode	
77 5	to the provisions of Sections 617.0502	and 617	1508 Elorida Statute	e the a	hove	-named	COLDOL	ation submits this	statement for the o	ournose of	changing its	registered	
office or r	egistered agent or both in the State of	Fiorida	Such change was at	ITHOUZE	ועחנ	me como	oration'	s board of directo	rs. I hereby accept	the appo	intment as re	gistered	
agent. I a	m familiar with, and accept the obligation	ons of, Se	ection 617.0503, Flor	ida Stat	utes.								
SIGNATURE				5 //		!		han mineration		DATE			
digitation types of printed frame of regions.					egistered Agent signature require 13.				HANGES TO OFF		D DIRECTO	RS IN 12	
		OFFICERS AND DIRECTORS DELETE					D/				Change	Addition	
TITLE	D/P					ļ		MALCOLM	MACLEOD	>			
NAME	JOHNSON, THEODORE R JR							CHURCH 5	STREET				
STREET ADDRESS	5300 S MUTINY BAY ROAD								SCOTIA B	246 5	RQ PA	NADA	
CITY-ST-ZIP	FREELAND WA 98249-0670		☐ DELETE	_	TY-ST	-ZIP	170	KO, 140114	JOHN D	214	☐ Change	Addition	
TITLE	D		LJ DELETE	2.1 Ti									
NAME	ANCKER-JOHNSON, BETSY		I			2.2 NAME							
STREET ADDRESS	3502 MT. BONNELL RD			2.3 S	2.3 STREET ADDRESS								
CITY-ST-ZIP	AUŞTIN TX 78731				2.4 CFTY-ST-ZIP						Change	Addition	
TITLE	D/V		DELETE	3.1 TI	TLE '						Cusuge	T VOOIDOU	
NAME	WARREN, DONALD E	RREN, DONALD E 3:			3.2 NAME							,	
STREET ADDRESS	223 FLAGLER LANE			3.3 \$	3.3 STREET ADDRESS								
CITY-ST-ZIP	VEST PALM BEACH FL 33407			3.4.0	3.4. CITY-ST-ZIP								
TITLE	D/T		☐ DELETE	4.1 Ti	TLE	i					Change	☐ Addition	
NAME	KRAUSE, RICHARD A			4. 2 N	AME							1	
STREET ADDRESS	1679 BREAKERS WEST BLVD			4.3 S	TREET	ADDRESS							
CITY-ST-ZIP	WEST PALM BEACH FL 33411			4.4 C	ITY-ST	-ZIP				<u>.</u>			
TITLE	D		☐ DELETE	5.1 Ti	TLE						Change	Addition	
NAME	JOHNSON, HAROLD H			5.2 N	AME							÷	
STREET ADDRESS	3502 MT. BONNELL RD			5.3 S	TREET	ADDRESS							
CITY-ST-ZIP	AUSTIN TX 78731		5.4 CF			-ZIP	<u> </u>						
TITLE	D	-	☐ DELETE	6.1 Ti	īLΕ	·					Change	Addition	
NAME	JOHNSON, HILARY A			6.2 N	AME				•			,	
STREET ADDRESS	2240 OCEAN STREET			6.3 S	TREET	ADDRESS			•				
				6.4 C	ITY-ST	r-ZIP						}	
CITY-ST-ZIP	SANTA CRUZ CA 95060	M. 1. (C.)	does not qualify for				i in Co	otion 110 07(2)(i)	Eleride Statuton I	further oo	etifu that the is	formation	

• 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

CARCHIAZAUSE REQICIZITAD A. KRAUS

1/8/99

561-515-6644

Daytime Phone #

CR2E037-(11/98) ---