

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# N98000000464

Entity Name: THEODORE R. AND VIVIAN M. JOHNSON SCHOLARSHIP FOUNDATION, INC.

Current Principal Place of Business:

505 SOUTH FLAGLER DRIVE
SUITE 1460
WEST PALM BEACH, FL 33401 US

New Principal Place of Business:

Current Mailing Address:

505 SOUTH FLAGLER DRIVE
SUITE 1460
WEST PALM BEACH, FL 33401 US

New Mailing Address:

FEI Number: 31-1613890 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

KRAUSE, RICHARD A
505 SOUTH FLAGLER DRIVE
SUITE 1460
WEST PALM BEACH, FL 33401 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: MACLEOD, MALCOLM
Address: 505 SOUTH FLAGLER DRIVE SUITE 1460
City-St-Zip: WEST PALM BEACH, FL 33401

Title: DVP () Delete
Name: JOHNSON, DIANE
Address: 5300 S MUTINY BAY ROAD/P.O BOX 670
City-St-Zip: FREELAND, WA 98249

Title: DS () Delete
Name: BROWN, HUGH
Address: 65 PORT STREET EAST SUITE 411
City-St-Zip: MISSISSAUGA, ONTARIO, CA L5G

Title: DT () Delete
Name: KRAUSE, RICHARD A
Address: 9725 SPRAY DRIVE
City-St-Zip: WEST PALM BEACH, FL 33411

Title: D () Delete
Name: RINKER, DAVID
Address: 310 OKEECHOBEE BLVD. SUITE 100
City-St-Zip: WEST PALM BEACH, FL 33401

Title: D () Delete
Name: ISALY, SAMUEL
Address: 767 3RD AVENUE 30TH FLOOR
City-St-Zip: NEW YORK CITY, NY 10017

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RICHARD A. KRAUSE

DT

01/16/2009

Electronic Signature of Signing Officer or Director

_____ Date