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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90073 010 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000002105					
1. Corporation Name THE REGGIE JOHNSON FOUNDATION, INC.					
Principal Place of Business 1816 WEATHERSTONE DRIVE SAFETY HARBOR FL 34695			Mailing Address 1816 WEATHERSTONE DRIVE SAFETY HARBOR FL 34695		

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 P.O. Box 1254		04/10/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 1254		31-1597417	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Safety Harbor, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 34695		30 USA	
Country		Country			
25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHNSON, REGINALD 1816 WEATHERSTONE DRIVE SAFETY HARBOR FL 34695				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				FL 85 Zip Code			

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

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	PTD	1.1 TITLE	
NAME	JOHNSON, REGINALD	1.2 NAME	
STREET ADDRESS	1816 WEATHERSTONE DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	1.4 CITY-ST-ZIP	
TITLE	VPSD	2.1 TITLE	
NAME	JOHNSON, NOVICE	2.2 NAME	
STREET ADDRESS	1575 NW 7TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL 33060	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	WILLIAMS, ERIC	3.2 NAME	
STREET ADDRESS	340 CAMBRIA COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL 34695	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	FEINBERG, BILL	4.2 NAME	
STREET ADDRESS	9417 PRINCIS PALM	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

March 22, 1999 (727) 725-4536

Date Daytime Phone #

CR2E037 (11/98)