

2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N12000005204

Entity Name: THE LENORA PASCHAL JOHNSON FOUNDATION, INC.**Current Principal Place of Business:**11734 NW 12TH STREET
PEMBROKE PINES, FL 33026**Current Mailing Address:**P. O. BOX 512
SEVERN, MD 21144 US**FEI Number: 45-5339318****Certificate of Status Desired: Yes****Name and Address of Current Registered Agent:**JOHNSON, LARRY A
11734 NW 12TH STREET
PEMBROKE PINES, FL 33026 US*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**Officer/Director Detail :**

Title	DIR
Name	JOHNSON, SHARON
Address	2605 MICCOSUKEE ROAD
City-State-Zip:	TALLAHASSEE FL 32308

Title	ED
Name	JOHNSON, LARRY
Address	P. O. BOX 512
City-State-Zip:	SEVERN MD 21144

Title	D
Name	JOHNSON-TAYLOR, LATARA
Address	3340 IMPERIAL HILL DR.
City-State-Zip:	SNELLVILLE GA 30039

Title	D
Name	FARMER, LA'SHANDA
Address	8080 TALLEY ANN DR.
City-State-Zip:	TALLAHASSEE FL 32311

Title	DIRECTOR OF MARKETING
Name	JOHNSON, BRENDA
Address	P. O. BOX 512
City-State-Zip:	SEVERN MD 21144

I hereby 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 all other like empowered.

SIGNATURE: LARRY L. JOHNSON**EXECUTIVE DIRECTOR****04/09/2018**_____
Electronic Signature of Signing Officer/Director Detail_____
Date