

**2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N12000005204

**Entity Name:** THE LENORA PASCHAL JOHNSON FOUNDATION, INC.**Current Principal Place of Business:**2605 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308**Current Mailing Address:**P. O. BOX 512  
SEVERN, MD 21144 US**FEI Number:** 45-5339318**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, LARRY L  
2605 MICCOSUKEE ROAD  
TALLAHASSEE, FL 32308 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:** LARRY L. JOHNSON

02/15/2022

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**

02/15/2022

Electronic Signature of Signing Officer/Director Detail

Date