2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 28, 2018
Secretary of State
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Entity Name: JAMES WELDON JOHNSON BRANCH ASSOCIATION FOR THE STUDY OF AFRICAN AMERICAN LIFE AND HISTORY, INC.

Current Principal Place of Business:

903 UNION ST. W.
JACKSONVILLE, FL 32204

Current Mailing Address:

P.O. BOX 2851
JACKSONVILLE, FL 32202 US

FEI Number: 45-4165568

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GILLIS, HAZEL
675 CHERRY BARK DRIVE NORTH
JACKSONVILLE, FL 32218 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: HAZEL GILLIS 04/28/2018

Electronic Signature of Registered Agent — Date

Officer/Director Detail :

Title	P
Name	GILLIS, HAZEL
Address	675 CHERRY BARK DRIVE NORTH
City-State-Zip:	JACKSONVILLE FL 32218

Title	VP
Name	SHEPHERD, ANITA
Address	3406 REGATTA WAY
City-State-Zip:	JACKSONVILLE FL 32223

Title	RS
Name	JOHNSON, GLORIOUS
Address	7901 BAYMEADOWS CIRCLE SOUTH APT. #530
City-State-Zip:	JACKSONVILLE FL 32256

Title	OTHER, FINANCIAL SECRETARY
Name	MIXSON, FAIZAH
Address	3928 -G TOLEDO RD
City-State-Zip:	JACKSONVILLE FL 32217

Title	VP
Name	GILLIS, GEORGE
Address	675 CHERRY BARK DR. N.
City-State-Zip:	JACKSONVILLE FL 32218

Title	T
Name	HUDSON , BETTIE
Address	1540 LANDAU RD
City-State-Zip:	JACKSONVILLE FL 32225

Title	OTHER, OFFICER
Name	OJOYO, KHAMIL L
Address	9615 CARBONDALE DRIVE WEST
City-State-Zip:	JACKSONVILLE FL 32208

Title	OTHER, SERGEANT-AT-ARMS
Name	CLAWSON, GEORGE
Address	1191 W. 24TH ST
City-State-Zip:	JACKSOVILLE FL 32225

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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: BETTIE L. HUDSON TREASURER 04/28/2018

Electronic Signature of Signing Officer/Director Detail — Date

Officer/Director Detail Continued :

Title	OFFICER, CHAPLAIN
Name	MCNAIR, CHRISTINE
Address	1639 MONUMENT OAKS DRIVE
City-State-Zip:	JACKSONVILLE FL 32225