

2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N15000001655

Entity Name: JAMES WELDON JOHNSON BRANCH ASSOCIATION FOR THE STUDY OF AFRICAN AMERICAN LIFE AND HISTORY, INC.**FILED**
Feb 09, 2025
Secretary of State
0034552165CC**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****02/09/2025**

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	SUGAR, ALAINA
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, FINANCIAL SECRETARY
Name	GILLIS, GEORGE
Address	675 CHERRY BARK DRIVE NORTH
City-State-Zip:	JACKSONVILLE FL 32218

Title	OTHER, SERGEANT-AT-ARMS
Name	MCNAIR, OLIVER E.
Address	1639 MONUMENT OAKS DRIVE
City-State-Zip:	JACKSONVILLE FL 32225

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

Title	SECRETARY
Name	PHILLMON, CATHERINE LANELLE
Address	10377 SEQUOYA DRIVE
City-State-Zip:	JACKSONVILLE FL 32257

Title	VP
Name	JAMISON, DAVID
Address	12548 LAKE TAYLOR LANE
City-State-Zip:	JACKSONVILLE FL 32218

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: HAZEL D GILLIS**PRESIDENT****02/09/2025**

Electronic Signature of Signing Officer/Director Detail

Date