

**2025 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000004730

**Entity Name:** TRACEY COWARD JOHNSON FOUNDATION INC.

**Current Principal Place of Business:**

223 SE 14TH LANE  
GAINESVILLE, FL 32601

**Current Mailing Address:**

223 SE 14TH LANE  
GAINESVILLE, FL 32601 US

**FEI Number: 88-1949314**

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JOHNSON, LARRY D  
223 SE 14TH LANE  
GAINESVILLE, FL 32601 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 P  
Name JOHNSON, LARRY D  
Address 223 SE 14TH LANE  
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR  
Name ROSS, CHANDA  
Address 223 SE 14TH LANE  
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR  
Name MAVIN, ROBIN  
Address 223 SE 14TH LANE  
City-State-Zip: GAINESVILLE FL 32601

Title VP  
Name CARTER, YVETTE  
Address 223 SE 14TH LANE  
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR  
Name ACEVEDO, KETURAH  
Address 223 SE 14TH LANE  
City-State-Zip: GAINESVILLE FL 32601

Title DIRECTOR  
Name COLTER, SHARON  
Address 223 SE 14TH LANE  
City-State-Zip: GAINESVILLE FL 32601

*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 JOHNSON**

**P**

**04/30/2025**

Electronic Signature of Signing Officer/Director Detail

Date