

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N22000004815

**FILED**  
**Jul 20, 2023**  
**Secretary of State**  
**1314817342CC**

**Entity Name:** ANTHONY DORAN JOHNSON SCHOLARSHIP FUND INC.

**Current Principal Place of Business:**

1469 NORTH MANGONIA CIRCLE  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1469 N MANGONIA CIRCLE  
WEST PALM BEACH, FLORIDA, FL 33407 US

**FEI Number:** 92-3484118

**Certificate of Status Desired:** Yes

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

JOHNSON, LENARD C DR.  
1469 N MANGONIA CIRCLE  
WEST PALM BEACH, FL 33407 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            PRES  
Name            JOHNSON, LENARD C DR  
Address        1469 N MANGONIA CIRCLE  
City-State-Zip: WEST PALM BEACH, FLORIDA FL 33407

Title            DIRE  
Name            YOUNGBLOOD, JOHNNY R DR  
Address        212 TOMPKINS AVE  
City-State-Zip: BROOKLYN,NEW YORK NY 11216

Title            DIRE  
Name            SMITH, SHARICE  
Address        5756 MONTERRA CLUB DR  
City-State-Zip: LAKE WORTH, FLORIDA FL 33463

Title            SEC  
Name            SMITH, KIMBERLY  
Address        9120 VILLA PALMER LANE  
City-State-Zip: PALM BEACH GARDENS,FL FL 33418

Title            TR  
Name            THORTON, DENISE  
Address        6442 BAY ISLAND CT  
City-State-Zip: WEST PALM BEACH FL 33411

Title            CHAP  
Name            SCOTT, COREY  
Address        4591 CHERRY ROAD  
City-State-Zip: WEST PALM BEACH FL 33417

Title            DIRECTOR  
Name            JOHNSON , SHUNDRA LATRICE  
Address        1469 NORTH MANGONIA CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33401

Title            BANK FINANCE  
Name            JOHNSON , GWENDOLYN CAROL  
Address        1469 NORTH MANGONIA CIRCLE  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** GWENDOLYN CAROL JOHNSON

**BANKER**

**07/20/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date