

**2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N99000003328

**FILED**  
**Jan 09, 2014**  
**Secretary of State**  
**CC4089833570**

**Entity Name:** BILL AND MARY LOU JOHNSON FAMILY FOUNDATION, INC.

**Current Principal Place of Business:**

5965 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

**Current Mailing Address:**

5965 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228

**FEI Number:** 59-3629517

**Certificate of Status Desired:** No

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

JOHNSON, BILL D  
5965 GULF OF MEXICO DR  
LONGBOAT KEY, FL 34228 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 D/P  
Name JOHNSON, BILL D  
Address 5965 GULF OF MEXICO DR  
City-State-Zip: LONGBOAT KEY FL 34228

Title D  
Name JOHNSON, ERICA L  
Address 5965 GULF OF MEXICO DR  
City-State-Zip: LONGBOAT KEY FL 34228

Title DST  
Name JOHNSON, MARY LOU  
Address 5965 GULF OF MEXICO DR  
City-State-Zip: LONGBOAT KEY FL 34228

Title D  
Name MACKINTOSH, RANDI C  
Address 5965 GULF OF MEXICO DR  
City-State-Zip: LONGBOAT KEY FL 34228

Title D  
Name JOHNSON, TOBIN  
Address 5965 GULF OF MEXICO DR  
City-State-Zip: LONGBOAT KEY FL 34228

*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:** BILL D JOHNSON

P/D

01/09/2014

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

\_\_\_\_\_  
Date