

DOCUMENT # N96000005857

1. Entity Name

LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INCORPOR

Principal Place of Business

6423 NW 42ND LANE
GAINESVILLE FL 32606

Mailing Address

P.O. BOX 5915
GAINESVILLE FL 32602

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3415026

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

WHITE, ALBERT E
6423 N.W. 42ND LANE
GAINESVILLE FL 32606

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution.

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD
NAME MILLS, CLARENCE Delete
STREET ADDRESS 1610 NE 19TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE DV Delete
NAME WHITE, ALBERT E
STREET ADDRESS 6423 NW 42ND LANE
CITY-ST-ZIP GAINESVILLE FL 32606

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD Delete
NAME RODRIGUEZ, LILLIAN J
STREET ADDRESS 1226 NE 16TH PLACE
CITY-ST-ZIP GAINESVILLE FL 32609

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE TD Delete
NAME WILLIAMS, EARL M
STREET ADDRESS 308 NW 53RD TERR
CITY-ST-ZIP GAINESVILLE FL 32607

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME TERRY, JERALINE
STREET ADDRESS 818 NE 26TH TERR
CITY-ST-ZIP GAINESVILLE FL 32641

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D Delete
NAME ROBBINS, BLANCHE J
STREET ADDRESS 727 NW 1ST STREET
CITY-ST-ZIP GAINESVILLE FL 32601

TITLE Change Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Albert E. White* Albert E. White 1-5-01 352-334-3400 x1297
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CRE037 (10/00)

00209