


**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 15, 2007 8:00 am**  
**Secretary of State**

05-15-2007 90005 010 \*\*\*\*61.25

**DOCUMENT # N96000005857**

1. Entity Name  
**LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INCORPORATED**



Principal Place of Business  
**6423 NW 42ND LANE  
 GAINESVILLE, FL 32606**

Mailing Address  
**P.O. BOX 5915  
 GAINESVILLE, FL 32602**

40113741



2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

05102007 Chg-NP CR2E037 (12/06)

6. Name and Address of Current Registered Agent

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

7. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$61.25  
 Due by September 14, 2007**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

**Make check payable to Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MILLS, CLARENCE 1610 NE 19TH PLACE GAINESVILLE, FL 32609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV WHITE, ALBERT E 6423 NW 42ND LANE GAINESVILLE, FL 32606	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD RODRIGUEZ, LILLIAN J 1226 NE 16TH PLACE GAINESVILLE, FL 32609	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD WILLIAMS, EARL M 308 NW 53RD TERR GAINESVILLE, FL 32607	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TERRY, JERALINE 818 NE 26TH TERR GAINESVILLE, FL 32641	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BELLAMY, LUCILLE 819 NE 26TH TERRACE GAINESVILLE, FL 32641	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	CD Albert E. White 6423 NW 42nd Lane Gainesville, FL 32606	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VCD OTIS Stover 1606 SE 28th Place Gainesville, FL 32641	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD Lillian Peterson 1226 NE 16th Place Gainesville, FL 32609	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/14/07  
 Date

352-393-1297  
 352-393-1297  
 Daytime Phone #

# ATTACHMENT

## Additional Board Members

40113741  
#N96000005857

Title D  
Name Alma Russ  
Street Address 1226 SE 12th Street  
City-St-Zip Gainesville, FL 32641

Title D  
Name Willa D. Foxworth  
Street Address 1907 SE 13th Place  
City-St-Zip Gainesville, FL 32641

Title D  
Name Linda J. Butler  
Street Address 4112 NW 20th Terrace  
City-St-Zip Gainesville, FL 32605

Title D  
Name Carl Gordon  
Street Address 2238 SE 43rd Terrace  
City-St-Zip Gainesville, FL 32601

Title D  
Name Clarence Mills  
Street Address 2311 NE 65th Terrace  
City-St-Zip Gainesville, FL 32609

Title D  
Name Hazel Gordon  
Street Address 2238 SE 43rd Terrace  
City-St-Zip Gainesville, FL 32601

Title D  
Name Alice Mills  
Street Address 2311 NE 65th Terrace  
City-St-Zip Gainesville, FL 32609

Title D  
Name Scherwin Henry  
Street Address 2336 NE 3rd Place  
City-St-Zip Gainesville, FL 32641

Title D  
Name Emma T. Harris  
Street Address 2932 NE 11th Drive  
City-St-Zip Gainesville, FL 32609

Title D  
Name Betty J. Williams  
Street Address Rt. 2, Box 138  
City-St-Zip Micanopy, FL 32667

Title D  
Name JoAnn Williams  
Street Address 3218 NW 46th Place  
City-St-Zip Gainesville, FL 32605

Title D  
Name Sam Williams  
Street Address Rt. 2, Box 138  
City-St-Zip Micanopy, FL 32667

Title D  
Name Katie Davis  
Street Address 2301 SE 44th Terrace  
City-St-Zip Gainesville, FL 32641

Title D  
Name Vivian Trammell  
Street Address 505 NE 20th Street  
City-St-Zip Gainesville, FL 32641

Title D  
Name Ruben Davis  
Street Address 1215 SE 19th Terrace  
City-St-Zip Gainesville, FL 32641

Title D  
Name Gayle Taylor  
Street Address 715 NW 9th Street  
City-St-Zip Gainesville, FL 32601