


FILE NOW: FILING FEE IS \$61.25

FILED  
Aug 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N07084  
**1. Corporation Name** Lincoln-Douglas Memorial  
 Emancipation Proclamation Association  
 Incorporated

**Principal Place of Business** **Mailing Address**  
 Second Missionary Baptist Church  
 954 Kings Road  
 Jacksonville, FL 32204

<b>2. Principal Place of Business</b> 21 Second Miss. Baptist Church Suite, Apt. #, etc. 22 City & State 23 Jacksonville, FL 24 Zip 32204 25 Country Duval	<b>2a. Mailing Address</b> 26 954 Kings Road Suite, Apt. #, etc. 27 City & State 28 Jacksonville, FL 29 Zip 32204 30 Country Duval
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<b>3. Date Incorporated or Qualified</b>	<b>3a. Date of Last Report</b> August 27, 1996
<b>4. FEI Number</b> (Not Applicable)	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6. Election Campaign Financing</b> Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**  
 Rev. Dr. Odell Smith, Jr.  
 954 Kings Road  
 Jacksonville, FL 32204

**10. Name and Address of New Registered Agent**  
 81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of, Section 617.0503, Florida Statutes.

**SIGNATURE** *Dr. Odell Smith, Jr.* **July 12, 1997**  
Signature, typed or printed name of registered agent and date if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> DELETE
President	Dr. Odell Smith, Jr. (D)	
<b>STREET ADDRESS</b>	954 Kings Road	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32204	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> DELETE
1st Vice President	Mr. Joseph Johnson	
<b>STREET ADDRESS</b>	1910 W. 27th Street	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32209	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> DELETE
Treasurer	Mr. Ozzie Hicks (D)	
<b>STREET ADDRESS</b>	3163 Woodlawn Rd	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32209	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> DELETE
2nd Vice President	Dr. David A. Battimore	
<b>STREET ADDRESS</b>	2503 North Myrtle Ave	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32209	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> DELETE
Secretary	Ms. Denise Mathis	
<b>STREET ADDRESS</b>	2016 Burgame Drive	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32208	
<b>TITLE</b>	<b>NAME</b>	<input type="checkbox"/> DELETE
Program Chairperson	Mrs. Gayle Kendall (D)	
<b>STREET ADDRESS</b>	1198 W. 8th Street	
<b>CITY-ST-ZIP</b>	Jacksonville, FL 32209	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
<b>1.1 TITLE</b>	<b>1.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>1.3 STREET ADDRESS</b>	<b>1.4 CITY-ST-ZIP</b>	
<b>2.1 TITLE</b>	<b>2.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>2.3 STREET ADDRESS</b>	<b>2.4 CITY-ST-ZIP</b>	
<b>3.1 TITLE</b>	<b>3.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>3.3 STREET ADDRESS</b>	<b>3.4 CITY-ST-ZIP</b>	
<b>4.1 TITLE</b>	<b>4.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>4.3 STREET ADDRESS</b>	<b>4.4 CITY-ST-ZIP</b>	
<b>5.1 TITLE</b>	<b>5.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>5.3 STREET ADDRESS</b>	<b>5.4 CITY-ST-ZIP</b>	
<b>6.1 TITLE</b>	<b>6.2 NAME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>6.3 STREET ADDRESS</b>	<b>6.4 CITY-ST-ZIP</b>	

14. I do 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 annual report or supplemental annual 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 12 or Block 13 if changed, or in an attachment with an address.

**SIGNATURE:** *Dr. Odell Smith, Jr.* **July 12, 1997** **(904) 354-8268**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)