

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Jun 01, 2001 8:00 am
Secretary of State

06-01-2001 90003 039 ****61.25

0010721

DOCUMENT # N07084

1. Entity Name

THE LINCOLN-DOUGLASS-MEMORIAL EMANCIPATION PROCL

Principal Place of Business

Mailing Address

**SECOND MISSIONARY BAPTIST CHURCH
 954 KINGS ROAD
 JACKSONVILLE FL 32204**

**SECOND MISSIONARY BAPTIST CHURCH
 954 KINGS ROAD
 JACKSONVILLE FL 32204**

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

NOT APPLICABLE

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SMITH, ODELL REV. DR
 954 KINGS ROAD
 JACKSONVILLE FL 32204**

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 | <input type="checkbox"/> Delete |
| NAME | SMITH, ODELL REV. DR | |
| STREET ADDRESS | 954 KINGS ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32204 | |
| TITLE | 1VP | <input type="checkbox"/> Delete |
| NAME | JOHNSON, JOSEPH | |
| STREET ADDRESS | 1810 W. 27TH STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | TD | <input type="checkbox"/> Delete |
| NAME | HICKS, OZZIE | |
| STREET ADDRESS | 3163 WOODLAWN ROAD | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | 2VP | <input type="checkbox"/> Delete |
| NAME | LATTIMORE, DAVID A DR. | |
| STREET ADDRESS | 2503 NORTH MYRTLE AVE. | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |
| TITLE | S | <input type="checkbox"/> Delete |
| NAME | MATHIS, DENISE | |
| STREET ADDRESS | 12919 OAKLAND HILLS COURT | |
| CITY-ST-ZIP | JACKSONVILLE FL 32225 | |
| TITLE | CD | <input type="checkbox"/> Delete |
| NAME | KENDALL, GAYLE | |
| STREET ADDRESS | 1198 W. 8TH STREET | |
| CITY-ST-ZIP | JACKSONVILLE FL 32209 | |

| | | |
|----------------|---------|--|
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | 4VP/C/D | <input checked="" type="checkbox"/> Change <input type="checkbox"/> 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; that my signature is 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: *Denise Mathis* **Denise Mathis** [S.] Mathis

May 29, 2001 (904) 998-1805

CR2E037 (10/00)