


**2005 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 14, 2005 08:00 AM
Secretary of State

DOCUMENT # N07084
1. Entity Name
**THE LINCOLN-DOUGLASS-MEMORIAL EMANCIPATION
PROCLAMATION ASSOCIATION, INC.**



Principal Place of Business SECOND MISSIONARY BAPTIST CHURCH 954 KINGS ROAD JACKSONVILLE, FL 32204	Mailing Address SECOND MISSIONARY BAPTIST CHURCH 954 KINGS ROAD JACKSONVILLE, FL 32204
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DO NOT WRITE IN THIS SPACE



01282005 No Chg-NP CR2E037 (10/03)

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

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

**DO NOT WRITE
IN THIS SPACE**

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 May 1, 2005**

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

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD SMITH, ODELL REV. DR 954 KINGS ROAD JACKSONVILLE, FL 32204
TITLE NAME STREET ADDRESS CITY-ST-ZIP	1VP JOHNSON, JOSEPH 1810 W. 27TH STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HICKS, OZZIE 3163 WOODLAWN ROAD JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S MATHIS, DENISE 12919 OAKLAND HILLS COURT JACKSONVILLE, FL 32225
TITLE NAME STREET ADDRESS CITY-ST-ZIP	2VPD KENDALL, GAYLE 1198 W. 8TH STREET JACKSONVILLE, FL 32209
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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04/14/05-80101-015 61.25

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IN THIS SPACE**

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: *Denise Mathis* **Denise Mathis** **4/12/05** **904-998-1805**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #