

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 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**



01102006 No Chg-NP CR2E037 (11/05)

DO NOT WRITE IN THIS SPACE

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

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

**Filing Fee is \$61.25
Due by May 1, 2006**

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

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ODELL REV. DR
STREET ADDRESS	954 KINGS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32204

TITLE	1VP
NAME	JOHNSON, JOSEPH
STREET ADDRESS	1810 W. 27TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209

TITLE	TD
NAME	HICKS, OZZIE
STREET ADDRESS	3163 WOODLAWN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32209

TITLE	S
NAME	MATHIS, DENISE
STREET ADDRESS	12919 OAKLAND HILLS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32225

TITLE	2VPD
NAME	KENDALL, GAYLE
STREET ADDRESS	1198 W. 8TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80040-004 61.25

**DO NOT WRITE
IN THIS SPACE**

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: *Denise Mathis* **Denise Mathis - SECRETARY 4-7-05 904-998-1805**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #