

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 23, 2008 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



04212008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number <b>NOT APPLICABLE</b>	Applied For Not Applicable
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5. Certificate of Status Desired ☐ **\$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

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, 2008**

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	

U00000917402  
05/13/08-80041-001 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

4/21/08 904/998-1805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #