

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07084

FILED
Mar 13, 2009
Secretary of State

Entity Name: THE LINCOLN-DOUGLASS-MEMORIAL EMANCIPATION PROCLAMATION ASSOCIATION, INC.

Current Principal Place of Business:

SECOND MISSIONARY BAPTIST CHURCH
954 KINGS ROAD
JACKSONVILLE, FL 32204

New Principal Place of Business:

Current Mailing Address:

SECOND MISSIONARY BAPTIST CHURCH
954 KINGS ROAD
JACKSONVILLE, FL 32204

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: SMITH, ODELL REV. DR
Address: 954 KINGS ROAD
City-St-Zip: JACKSONVILLE, FL 32204

Title: 1VP () Delete
Name: JOHNSON, JOSEPH
Address: 1810 W. 27TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

Title: TD () Delete
Name: HICKS, OZZIE
Address: 3163 WOODLAWN ROAD
City-St-Zip: JACKSONVILLE, FL 32209

Title: S () Delete
Name: MATHIS, DENISE
Address: 12919 OAKLAND HILLS COURT
City-St-Zip: JACKSONVILLE, FL 32225

Title: 2VPD () Delete
Name: KENDALL, GAYLE
Address: 1198 W. 8TH STREET
City-St-Zip: JACKSONVILLE, FL 32209

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DENISE S. MATHIS

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03/13/2009

Electronic Signature of Signing Officer or Director

Date