

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

APPLICATION  
FOR  
REINSTATEMENT



FLORIDA DEPARTMENT OF STATE  
**Jim Smith**  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

02 DEC 30 AM 10:00

STATE OF FLORIDA

DOCUMENT # **N07084**

1. Corporation 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**

**REINSTATEMENT 02**



**300009738233**  
12/30/02--01065--001 \*\*61.25

If above addresses are incorrect in any way, line through incorrect information and enter correction below.

2. New Principal Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

3. New Mailing Office Address, If Applicable

Suite, Apt. #, etc.

City & State

Zip

Country

4. Date Incorporated or Qualified To Do Business in Florida

**01/14/1985**

5. FEI Number

**NOT APPLICABLE**

Applied For

Not Applicable

6.

CERTIFICATE OF STATUS DESIRED ☐

**\$8.75 Additional Fee required for a Certificate of Status**

7. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)

Title(s)	Name of Officers and/or Directors	Street Address of Each Officer and/or Director	City / State / Zip
PD	SMITH, ODELL REV. DR	954 KINGS ROAD	JACKSONVILLE FL 32204
1VP	JOHNSON, JOSEPH	1810 W. 27TH STREET	JACKSONVILLE FL 32209
TD	HICKS, OZZIE	3163 WOODLAWN ROAD	JACKSONVILLE FL 32209
2VP	LATTIMORE, DAVID A DR.	2503 NORTH MYRTLE AVE.	JACKSONVILLE FL 32209
S	MATHIS, DENISE	12919 OAKLAND HILLS COURT	JACKSONVILLE FL 32225
4VCD	KENDALL, GAYLE	1198 W. 8TH STREET	JACKSONVILLE FL 32209

8. Name and Address of Current Registered Agent

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

9. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, Etc.

City

State

Zip Code

**3000097382309**

**11/15/02 01054 001 \*\*175.00**

**FL**

10. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of Section 607.0505, F.S. or 617.0505, F.S.

Signature of Registered Agent

Rev. **S. Dr. Odele Smith, Jr.**

Date **November 13, 2002**

REGISTERED AGENT MUST SIGN

11. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(i), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.

SIGNATURE:

**SIGNATURE REQUIRED**  
**Denise S. Mathis**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

November 8, 2002 9049981805

Date

Daytime Phone #

CR12E040 (9/02)