

**2003 NOT-FOR-PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)**

FILED
Apr 24, 2003 8:00 am
Secretary of State

0000987

DOCUMENT # N07084

1. Entity Name

THE LINCOLN-DOUGLASS-MEMORIAL EMANCIPATION PROCLAMATION ASSOCIATION, INC.



04-24-2003 90307 001 *****8.75
04-24-2003 90307 002 *****61.25

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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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country

00000000

CHECK HERE IF MAKING CHANGES

4. FEI Number	NOT APPLICABLE	Applied For
		Not Applicable
5. Certificate of Status Desired	<input checked="" 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

7. Name and Address of New Registered Agent

Name _____
Street Address (P.O. Box Number is Not Acceptable) _____
City _____ **FL** Zip Code _____

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 _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	Make Check Payable to Florida Department of State
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10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	SMITH, ODELL REV. DR	
STREET ADDRESS	954 KINGS ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32204	
TITLE	1VP	<input type="checkbox"/> Delete
NAME	JOHNSON, JOSEPH	
STREET ADDRESS	1810 W. 27TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	TD	<input type="checkbox"/> Delete
NAME	HICKS, OZZIE	
STREET ADDRESS	3163 WOODLAWN ROAD	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	2VP	<input checked="" type="checkbox"/> Delete
NAME	LATTIMORE, DAVID A DR.	
STREET ADDRESS	2503 NORTH MYRTLE AVE.	
CITY-ST-ZIP	JACKSONVILLE FL 32209	
TITLE	S	<input type="checkbox"/> Delete
NAME	MATHIS, DENISE	
STREET ADDRESS	12919 OAKLAND HILLS COURT	
CITY-ST-ZIP	JACKSONVILLE FL 32225	
TITLE	4VCD	<input type="checkbox"/> Delete
NAME	KENDALL, GAYLE	
STREET ADDRESS	1198 W. 8TH STREET	
CITY-ST-ZIP	JACKSONVILLE FL 32209	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	2VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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* **REDEEMSE** Mathis, Secretary 4/23/03 904-998-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2037 (10/02)