| I hereby 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 all other like empowered. |

SECRETARY

2022 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07084

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

Current Principal Place of Business:

9378 ARLINGTON EXPRESSWAY 186 JACKSONVILLE, FL 32225

Current Mailing Address:

12919 OAKLAND HILLS COURT JACKSONVILLE, FL 32225 US

FEI Number: 85-2600283

Name and Address of Current Registered Agent:

WILLIAMS, REV. DAVID 9378 ARLINGTON EXPRESSWAY 186 JACKSONVILLE, FL 32225 US

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: | REV. DAVID WILLIAMS | | | 03/08/2022 | |
|---------------------------------------|---|----------------------|---------------------------|------------|--|
| | Electronic Signature of Registered Agent | | | Date | |
| Officer/Director Detail : | | | | | |
| Title | PD | Title | VP | | |
| Name | WILLIAMS, REV. DAVID | Name | FLOWERS, ROBERT | | |
| | 9378 ARLINGTON EXPRESSWAY | Address | 6720 WEST VIRGINIA COURT | | |
| | 186 JACKSONVILLE FL 32225 | City-State-Zip: | JACKSONVILLE FL 32209 | | |
| , , , , , , , , , , , , , , , , , , , | TREASURER | Title | SD | | |
| Name | DEGELE, DENNIS | Name | MATHIS, DENISE | | |
| | 2342 BETSY DRIVE | Address | 12919 OAKLAND HILLS COURT | Г | |
| City-State-Zip: | JACKSONVILLE FL 32210 | City-State-Zip: JACk | JACKSONVILLE FL 32225 | | |
| | | Title | 3VPD | | |
| | 2VPD MARSHALL, ALLEN 313 TWINLEAF COURT ST. JOHNS FL 32259 | Name | KOLAPO, CHRISTOPHER | | |
| | | Address | P.O. BOX 351093 | | |
| | | City-State-Zip: | JACKSONVILLE FL 32235 | | |

SIGNATURE: DENISE MATHIS

Electronic Signature of Signing Officer/Director Detail

Certificate of Status Desired: No

03/08/2022 Date