

2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07084

Entity Name: THE LINCOLN-DOUGLASS-MEMORIAL EMANCIPATION
PROCLAMATION ASSOCIATION, INC.**FILED**
Apr 26, 2023
Secretary of State
2940320515CC**Current Principal Place of Business:**9378 ARLINGTON EXPRESSWAY
186
JACKSONVILLE, FL 32225**Current Mailing Address:**1830 SILVER STREET
JACKSONVILLE, FL 32206 US**FEI Number: 85-2600283****Certificate of Status Desired: No****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****04/26/2023**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	PD
Name	WILLIAMS, REV. DAVID
Address	9378 ARLINGTON EXPRESSWAY 186
City-State-Zip:	JACKSONVILLE FL 32225

Title	TREASURER
Name	DEGELE, DENNIS
Address	2342 BETSY DRIVE
City-State-Zip:	JACKSONVILLE FL 32210

Title	2VPD
Name	MARSHALL, ALLEN
Address	313 TWINLEAF COURT
City-State-Zip:	ST. JOHNS FL 32259

Title	VP
Name	FLOWERS, ROBERT
Address	6720 WEST VIRGINIA COURT
City-State-Zip:	JACKSONVILLE FL 32209

Title	SD
Name	EDWARDS, KIARA C
Address	1830 SILVER STREET
City-State-Zip:	JACKSONVILLE FL 32206

Title	3VPD
Name	KOLAPO, CHRISTOPHER
Address	P.O. BOX 351093
City-State-Zip:	JACKSONVILLE FL 32235

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.

SIGNATURE: KIARA EDWARDS**SECRETARY****04/26/2023**

Electronic Signature of Signing Officer/Director Detail

Date