

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 706417 (3)

1. Corporation Name
LEMOYNE ART FOUNDATION, INC.



Principal Place of Business: 125 N.GADSDEN TALLAHASSEE FL 32301
Mailing Address: 125 N.GADSDEN TALLAHASSEE FL 32301

3. Date Incorporated or Qualified: 11/13/1963
3a. Date of Last Report: 05/01/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
		59-6166275	Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
PROCTOR, JULIAN M. JR. 227 SOUTH CALHOUN STREET TALLAHASSEE FL 32301		81. Name		
		82. Street Address (P.O. Box Number is Not Acceptable)		
		83.		
		84. City	FL	85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1808, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE: *Richard L. Puckett* DATE: 4/10/96
Signature is typed or printed name of registered agent and file, if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	T	11 TITLE	Treasurer
NAME	LOVE, JULIACAROL D.	12 NAME	Elaine Swafford
STREET ADDRESS	1406-A HAYS STREET	13 STREET ADDRESS	150 S Monroe
CITY-ST-ZIP	TALLAHASSEE FL	14 CITY-ST-ZIP	Tallahassee, FL 32301
TITLE	S	21 TITLE	
NAME	WILLIAMS, CHARLOTTE	22 NAME	
STREET ADDRESS	419 NORTH RIDE	23 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL 32303	24 CITY-ST-ZIP	
TITLE	P	31 TITLE	President
NAME	FOX, WILBERT STEVE	32 NAME	Carlton Enfinger
STREET ADDRESS	1406-A HAYS STREET	33 STREET ADDRESS	822 N. Monroe St.
CITY-ST-ZIP	TALLAHASSEE FL	34 CITY-ST-ZIP	Tallahassee, FL 32303
TITLE	DPE	41 TITLE	
NAME	PROCTOR, JULIAN M. JR.	42 NAME	
STREET ADDRESS	227 S CALHOUN ST	43 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	44 CITY-ST-ZIP	
TITLE	MDE	51 TITLE	
NAME	PUCKETT, RICHARD L.	52 NAME	
STREET ADDRESS	1245 HALIFAX CT	53 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Richard L. Puckett* DATE: 4/16/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR 904)222-8800
Daytime Phone #

CR2E037 (12/95)