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Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 11/13/1963
4. FEI Number 59-6166275
Applied For <input type="checkbox"/>
Not Applicable <input type="checkbox"/>

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 29	Zip 30

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent
PROCTOR, JULIAN M. JR.
227 SOUTH CALHOUN STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITILE	T <input type="checkbox"/> DELETE
NAME	SWAFFORD, ELAINE
STREET ADDRESS	150 S. MONROE STREET
CITY-ST-ZIP	TALLAHASSEE FL
TITILE	S <input type="checkbox"/> DELETE
NAME	WILLIAMS, CHARLOTTE
STREET ADDRESS	419 NORTH RIDE
CITY-ST-ZIP	TALLAHASSEE FL 32303
TITILE	P <input type="checkbox"/> DELETE
NAME	ENFINGER, CARLTON
STREET ADDRESS	822 NORTH MONROE STREET
CITY-ST-ZIP	TALLAHASSEE FL
TITILE	DPE <input type="checkbox"/> DELETE
NAME	PROCTOR, JULIAN M. JR.
STREET ADDRESS	227 S CALHOUN ST
CITY-ST-ZIP	TALLAHASSEE FL
TITILE	MDE <input type="checkbox"/> DELETE
NAME	PUCKETT, RICHARD L.
STREET ADDRESS	1245 HALIFAX CT
CITY-ST-ZIP	TALLAHASSEE FL
TITILE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 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* **RICHARD L. PUCKETT**
DIRECTOR **3/14/98** **850)222-8800**

CR2E037 (10/97)