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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 706417

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



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country 30

3. Date Incorporated or Qualified

11/13/1963

4. FEI Number

59-6166275

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

FL

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITILE **T** DELETE
 NAME **SWAFFORD, ELAINE**
 STREET ADDRESS **150 S. MONROE STREET**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITILE **S** DELETE
 NAME **WILLIAMS, CHARLOTTE**
 STREET ADDRESS **419 NORTH RIDE**
 CITY-ST-ZIP **TALLAHASSEE FL 32303**

TITILE **P** DELETE
 NAME **ENFINGER, CARLTON**
 STREET ADDRESS **822 NORTH MONROE STREET**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITILE **DPE** DELETE
 NAME **PROCTOR, JULIAN M. JR.**
 STREET ADDRESS **227 S CALHOUN ST**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITILE **MDE** DELETE
 NAME **PUCKETT, RICHARD L.**
 STREET ADDRESS **1245 HALIFAX CT**
 CITY-ST-ZIP **TALLAHASSEE FL**

TITILE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **T** Change Addition
 1.2 NAME **Kearney Pool**
 1.3 STREET ADDRESS **9480 Boykin Road**
 1.4 CITY-ST-ZIP **Tallahassee, FL 32312**

2.1 TITLE **P** Change Addition
 2.2 NAME **Suzanne S. Laws**
 2.3 STREET ADDRESS **7758 Deewood Trail**
 2.4 CITY-ST-ZIP **Tallahassee, FL 32311**

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE: *Richard L. Puckett* **Richard L. Puckett** 3/30/99 850 222-8800
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/1/98)