

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# 706417

FILED
Mar 06, 2002 8:00 AM
Secretary of State

Entity Name: LEMOYNE ART FOUNDATION, INC.

Current Principal Place of Business:

125 N.GADSDEN
TALLAHASSEE, FL 32301

New Principal Place of Business:

Current Mailing Address:

125 N.GADSDEN
TALLAHASSEE, FL 32301

New Mailing Address:

FEI Number: 59-6166275 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PROCTOR, JULIAN M. JR.
227 SOUTH CALHOUN STREET
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: DT () Delete
Name: HELMS, FRANK
Address: 1940 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: DS () Delete
Name: WILLIAMS, CHARLOTTE,
Address: 419 NORTH RIDE
City-St-Zip: TALLAHASSEE, FL 32303

Title: DPE () Delete
Name: PROCTOR, JULIAN M. JR.
Address: 227 S CALHOUN ST
City-St-Zip: TALLAHASSEE, FL

Title: M () Delete
Name: FOSS, MARYBETH
Address: 403 E. CALL ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: DP () Delete
Name: OPPENHEIM, ANNELIESE
Address: 3900 ROYAL OAKS CT
City-St-Zip: TALLAHASSEE, FL 32308

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DV (X) Change () Addition
Name: HELMS, FRANK
Address: 1940 THOMASVILLE RD
City-St-Zip: TALLAHASSEE, FL 32303

Title: DT (X) Change () Addition
Name: MALOY, DORIS
Address: 2324 NAPOLEON BONAPARTE DR.
City-St-Zip: TALLAHASSEE, FL 32308

Title: DPE (X) Change () Addition
Name: PROCTOR, JULIAN M. JR.
Address: 227 S CALHOUN ST
City-St-Zip: TALLAHASSEE, FL 32301

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: DP (X) Change () Addition
Name: BEASLEY, JAMES D
Address: 1734 ARMISTEAD PL.
City-St-Zip: TALLAHASSEE, FL 32312

Title: DS () Change (X) Addition
Name: HOCK, GAIL
Address: 4044 MCLAUGHLIN DR.
City-St-Zip: TALLAHASSEE, FL 32308

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: MARYBETH FOSS

M

03/06/2002

Electronic Signature of Signing Officer or Director

Date