

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706417

FILED  
Jan 12, 2005  
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 (X)

**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: DP ( ) Delete  
Name: HELMS, FRANK  
Address: 2208 MENDOZA AVE.  
City-St-Zip: TALLAHASSEE, FL 32304

Title: DT ( ) Delete  
Name: HERRLE, WILLIAM C  
Address: 5443 LAWTON CT.  
City-St-Zip: TALLAHASSEE, FL 323011

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

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

Title: DV ( ) Delete  
Name: WHITLEY, MAHASKA  
Address: 427 NORTH RIDE  
City-St-Zip: TALLAHASSEE, FL 32303

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: DP (X) Change ( ) Addition  
Name: HELMS, FRANK  
Address: P.O.BOX 3641  
City-St-Zip: TALLAHASSEE, FL 32315

Title: DT (X) Change ( ) Addition  
Name: HERRLE, WILLIAM C  
Address: 5443 LAWTON CT.  
City-St-Zip: TALLAHASSEE, FL 32311

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

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

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

Title: DS (X) Change ( ) Addition  
Name: WESTER, SHARON  
Address: 7085 OX BOW ROAD  
City-St-Zip: TALLAHASSEE, FL 32312

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

01/12/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_ Date