

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Jan 19, 2006
Secretary of State**

DOCUMENT# 706417

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: P.O.BOX 3641
City-St-Zip: TALLAHASSEE, FL 32315

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

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: WESTER, SHARON
Address: 7085 OX BOW ROAD
City-St-Zip: TALLAHASSEE, FL 32312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change () Addition
Name: WHITLEY, MAHASKA
Address: 427 N. RIDE
City-St-Zip: TALLAHASSEE, FL 32303

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: DV (X) Change () Addition
Name: DOZIER, KELLY
Address: 2101 E. RANDOLPH CIR.
City-St-Zip: TALLAHASSEE, FL 32308

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

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, 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

Electronic Signature of Signing Officer or Director

M

01/19/2006

Date