

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000009562

FILED
Jan 23, 2008
Secretary of State

Entity Name: FAMU/LINCOLN HIGH SCHOOL OF CLASSES OF 1959, INC.

Current Principal Place of Business:

7245 CLINTON HUDSON SR LN
TALLAHASSEE, FL 32310 US

New Principal Place of Business:

Current Mailing Address:

7245 CLINTON HUDSON SR LN
TALLAHASSEE, FL 32310 US

New Mailing Address:

FEI Number: 32-0200553

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HILL, MORRIS E
4464 CAMDEN RD
TALLAHASSEE, FL 32303 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: D () Delete
Name: FRANKLIN, JOHN
Address: 7245 CLINTON HUDSON SR LN
City-St-Zip: TALLAHASSEE, FL 323109806 US

Title: D () Delete
Name: GRIFFIN, LINN A
Address: 527 TUSKEGEE STREET
City-St-Zip: TALLAHASSEE, FL 323106868 US

Title: D () Delete
Name: GILMORE, JERRY M
Address: 1304 ELBERTA DRIVE
City-St-Zip: TALLAHASSEE, FL 323044631 US

Title: D () Delete
Name: MONTGOMERY, BARBARA
Address: 202 RIDGE ROAD
City-St-Zip: TALLAHASSEE, FL 323107004 US

Title: D () Delete
Name: HEAD, GILBERT
Address: 1420 CALLOWAY STREET
City-St-Zip: TALLAHASSEE, FL 323041916 US

Title: D () Delete
Name: WOODBERRY, ROLAND JR
Address: 2415 JIM LEE ROAD
City-St-Zip: TALLAHASSEE, FL 323016741 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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Name:
Address:
City-St-Zip:

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

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

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

I hereby certify that the information supplied with this filing does not qualify 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: MORRIS E. HILL

AGEN

01/23/2008

Electronic Signature of Signing Officer or Director

Date