2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 10, 2006 08:00 AM
Secretary of State

DOCUMENT # N07084

1. Entity Name
THE LINCOLN-DOUGLASS-MEMORIAL EMANCIPATION PROCLAMATION ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SECOND MISSIONARY BAPTIST CHURCH 954 KINGS ROAD JACKSONVILLE, FL 32204	SECOND MISSIONARY BAPTIST CHURCH 954 KINGS ROAD JACKSONVILLE, FL 32204

01102006 No Chg-NP CR2E037 (11/05)

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4. FEI Number
NOT APPLICABLE
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

SMITH, ODELL REV. DR
954 KINGS ROAD
JACKSONVILLE, FL 32204

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	SMITH, ODELL REV. DR
STREET ADDRESS	954 KINGS ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32204
TITLE	1VP
NAME	JOHNSON, JOSEPH
STREET ADDRESS	1810 W. 27TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	TD
NAME	HICKS, OZZIE
STREET ADDRESS	3163 WOODLAWN ROAD
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	S
NAME	MATHIS, DENISE
STREET ADDRESS	12919 OAKLAND HILLS COURT
CITY-ST-ZIP	JACKSONVILLE, FL 32225
TITLE	2VPD
NAME	KENDALL, GAYLE
STREET ADDRESS	1198 W. 8TH STREET
CITY-ST-ZIP	JACKSONVILLE, FL 32209
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/25/06-80040-004 61.25

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Denise Mathis Denise Mathis - SECRETARY 4-7-05 904-998-1805
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #