

**2007 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Apr 30, 2007 08:00 AM
Secretary of State

DOCUMENT # N07084

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



Principal Place of Business

**SECOND MISSIONARY BAPTIST CHURCH
954 KINGS ROAD
JACKSONVILLE, FL 32204**

Mailing Address

**SECOND MISSIONARY BAPTIST CHURCH
954 KINGS ROAD
JACKSONVILLE, FL 32204**



04242007 No Chg-NP

CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25
Due by May 1, 2007**

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

U00000747396
05/17/07-80024-003 61.25

**DO NOT WRITE
IN THIS SPACE**

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 S. Mathis

Denise Mathis

April 26, 2007

904/998-1805

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #