SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

FILED

Sep 17 1997 8:00am

Secretary of State

1997

DOCUMENT #

N93000005729 (9)

1. Corporation Name					
THE LINCOLN HIGH SCHOOL FOUNDATION, INC.					
11.55				A POGNICAL ALE REPORTURAL GANG GANG A	Ario 43 (d) AGIA: Alexi dubia (dala fale fade
<u></u>					
Principal Place of Business Mailing Address				i rediting nin reine intil aditi natit n	OTOT BATTLI A DI DE DESTO TABLE TI DEN TABL
909 EAST PARK AVE 909 EAST PARK AVE					
TALLAHASSEE FL 32301 TALLAHASSEE FL 32301				DO NOT WRITE	IN THIS SPACE
				3. Date Incorporated or Qualified	3a. Date of Last Report
				12/22/1993	02/02/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26		59-3239530	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional	
27					Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country		Zip Country		Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible	
24	25	— ·	30	Personal Property Tax due June	
84	9. Name and Address of Curren			10. Name and Address of New Re	
81 Name					
BUNCH, DEAN 82 Street Address (P.				Address (P.O. Box Number is Not Acceptab	nle)
909 EAST PARK AVE				The state of the s	
TALLAHASSEE FL 32301 83					
B4 City B5 Zip Code					
[編章基集] 的文献 经的股份 人名英格兰 医二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十二十					
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE Signature, typed or printed name of registered agent and tillo if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AN		13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	D	DELETE	1.1 TITLE		Change Addition
NAME	WATKINS, JOHN		1.2 NAME		
STREET ADDRESS	2081 MISTLETOE COURT		1.3 STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32311		1.4 CITY+ST-ZIP		
TITLE	D	DELETE	2.1 TOLE		➤ Change
NAME	BUNCH, DEAN		2.2 NAME	A TO COME BUENUE	
STREET ADDRESS	851 EAST PARK AVENUE		2.3 STREET ADDRESS	909 E. PARK AVENUE	
CITY-ST-ZIP	TALLAHASSEE FL 32301	DELETE	2. 4 CITY+ST-ZIP		
TITLE	D MONTEODD MAILLAN	☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	MONTFORD, WILLIAM 3838 TROJAN TRAIL		3.2 NAME		
	TALLAHASSEE FL 32311	,	3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TALLATAOSEL TE SESTI	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	DIRECTOR	Change Addition
NAME		— print	4. 2 NAME	MARTHA BUNCH	E change Es sudaion
STREET ADDRESS			4.3 STREET ADDRESS	3838 TROJAN TRAIL	_
CITY-ST-ZIP		*	4.4 CITY-ST-ZIP	TALLAHASSEE FL	32311
TITLE		☐ DELETE	5.1 TITLE	DIRECTOR	Change Addition
NAME			5.2 NAME	PAM DION	• —
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		5.3 STREET ADDRESS	3013 Banks Road	
CITY-ST-ZIP	<u> </u>		5.4 City-St-ZiP	TALLAHASSEE, FL	32308
TITLE)	DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
	l · · · · · · · · · · · · · · · · · · ·	. •	E 0.4 017:4 07 FID		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report of supplemental annual 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 12 or Block 13 if manged, or on an attachment with an address.