

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N95000003967 (5)**

1. Corporation Name
LINCOLN CENTER FOR PUBLIC SERVICE, INC.



Principal Place of Business Mailing Address
1400 VILLAGE SQUARE BOULEVARD SUITE 3 TALLAHASSEE FL 32312

3. Date Incorporated or Qualified **08/17/1995** 3a. Date of Last Report **8/17/95**

2. Principal Place of Business 2a. Mailing Address
21 **1400 Market Street** 26
22 **2nd Floor.** 27
23 **Tallahassee FL.** 28
24 **32312** 25 **Leon** 29 30

4. FEI Number **59-3330155** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**MEYER, RONALD G ESQ.
MEYER AND BROOKS, P.A.
2544 BLAIRSTONE PINES DRIVE
TALLAHASSEE FL 32399**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 in Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* **5-1-96**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Director - BEAD BROWN
1.3 STREET ADDRESS	1400 VILLAGE SQUARE Blvd Suite 3333
1.4 CITY - ST - ZIP	Tallahassee FL 32312
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Director - KEN SUKHIA
2.3 STREET ADDRESS	1400 VILLAGE SQ Blvd Suite 3333
2.4 CITY - ST - ZIP	Tallahassee FL 32312
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Director - BILL BOLT
3.3 STREET ADDRESS	1400 Village Square Blvd Suite 3333
3.4 CITY - ST - ZIP	Tallahassee FL 32312
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Director - DAVID BROWN
4.3 STREET ADDRESS	1400 Village Sq Blvd Suite 3333
4.4 CITY - ST - ZIP	Tallahassee FL 32312
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Chairman - Acting - TRAVIS R. SCHWARTZ
5.3 STREET ADDRESS	1400 Village Sq Blvd Suite 3333
5.4 CITY - ST - ZIP	Tallahassee FL 32312
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	Jim Ireland
6.3 STREET ADDRESS	1400 Village Sq Blvd Suite 3333
6.4 CITY - ST - ZIP	Tallahassee FL 32312

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or 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 its 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 changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **4/30/96 904 668 4094**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **Jim F. Ireland, President** Date Daytime Phone #

CR2E037 (12/95)