

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N95000003967 (5)

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



Principal Place of Business Mailing Address
1477 MARKET ST. *change* 1400 VILLAGE SQUARE BOULEVARD *o/c.*
2ND FLOOR SUITE 3
TALLAHASSEE FL 32312 TALLAHASSEE FL 32312-1231
US

2. Principal Place of Business 2a. Mailing Address
21 1535 KILHEARN CENTER *BLVD* 26
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite C-5- 27
City & State City & State
23 TALL FL 28
Zip Country Zip Country
24 32312 25 29 30

3. Date incorporated or Qualified 08/17/1995 3a. Date of Last Report 05/01/1996
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 of, Section 617.0503, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS
TITLE D DELETE
NAME BROWN, BRAD
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333
CITY-ST-ZIP TALLAHASSEE FL
TITLE D DELETE
NAME SUKHIA, KEN
STREET ADDRESS 1400 VILLAGE SQUARE BLVD., STE.3333
CITY-ST-ZIP TALLAHASSEE FL
TITLE D DELETE
NAME BOLT, BILL
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333
CITY-ST-ZIP TALLAHASSEE FL
TITLE D DELETE
NAME BROWN, DAVID
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333
CITY-ST-ZIP TALLAHASSEE FL
TITLE CT DELETE
NAME SCHUDIZER, PETER
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333
CITY-ST-ZIP TALLAHASSEE FL
TITLE P DELETE
NAME IRELAND, TIM
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333
CITY-ST-ZIP TALLAHASSEE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME D Mike KATIN
1.3 STREET ADDRESS 1400 VILLAGE SQ Blvd 3333
1.4 CITY-ST-ZIP Tallahassee FL 32312
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP
6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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 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 changed, or on an attachment to this report.

SIGNATURE: _____ SIGNATURE REQUIRED *Mg 1 57 668 4094*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0008412

CR2E037 (9/96)