

FILE NOW: FILING FEE IS \$61.25

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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*  
2ND FLOOR  
TALLAHASSEE FL 32312  
US

1400 VILLAGE SQUARE BOULEVARD  
SUITE 3  
TALLAHASSEE FL 32312-1231 *o/c.*

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

2. Principal Place of Business 2a. Mailing Address

21 1535 KILHEARN CENTER *BLVD* 26

22 Suite, Apt. #, etc. Suite, Apt. #, etc. *Suite C-5-* 27

23 City & State City & State *TALL FL* 28

24 Zip 25 Country Zip 29 Country 30 *32312*

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	<input type="checkbox"/> DELETE
NAME	BROWN, BRAD	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD, STE.3333	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SUKHIA, KEN	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD., STE.3333	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BOLT, BILL	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD, STE.3333	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BROWN, DAVID	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD, STE.3333	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	CT	<input type="checkbox"/> DELETE
NAME	SCHUDIZER, PETER	
STREET ADDRESS	1400 VILLAGE SQUARE BLVD, STE.3333	
CITY-ST-ZIP	TALLAHASSEE FL	
TITLE	P	<input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)