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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N95000003967

1. Corporation Name

LINCOLN CENTER FOR PUBLIC SERVICE, INC.

Principal Place of Business

1535 KILLEARN CENTER  
STE. C-5  
TALLAHASSEE FL 32312  
US

Mailing Address

1400 VILLAGE SQUARE BOULEVARD  
SUITE 3  
TALLAHASSEE FL 32312



2. Principal Place of Business

21 NATIONS BANK Bldg

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
08/17/1995

4. FEI Number  
59-3330155

Applied For  
Not Applicable

22 Suite, Apt. #, etc.  
Suite 311

27 City & State

23 1801 South Federal Highway

28 City & State

5. Certificate of Status Desired  \$8.75 Additional Fee Required

24 Delray Beach FL 33493

29 Zip 30

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MEYER, RONALD G ESQ.  
MEYER AND BROOKS, P.A.  
2544 BLAIRSTONE PINES DRIVE  
TALLAHASSEE FL 32399

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME BROWN, BRAD  
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333  
CITY-ST-ZIP TALLAHASSEE FL

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME SUKHIA, KEN  
STREET ADDRESS 1400 VILLAGE SQUARE BLVD., STE.3333  
CITY-ST-ZIP TALLAHASSEE FL

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BOLT, BILL  
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333  
CITY-ST-ZIP TALLAHASSEE FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME BROWN, DAVID  
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333  
CITY-ST-ZIP TALLAHASSEE FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE CT  DELETE  
NAME SCHUDIZER, PETER  
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, STE.3333  
CITY-ST-ZIP TALLAHASSEE FL

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE P  DELETE  
NAME DYE, TOM  
STREET ADDRESS 1400 VILLAGE SQUARE BLVD, SUITE 3333  
CITY-ST-ZIP TALLAHASSEE FL 32312

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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 with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)