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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90139 035 ****61.25

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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

22 Suite, Apt. #, etc.

22 Suite 311

4. FEI Number

59-3330155

Applied For

Not Applicable

23 City & State

23 1801 South Federal Highway

27 City & State

27 Highway

5. Certificate of Status Desired

\$8.75 Additional Fee Required

24 Country

24 Delray Beach FL

29 Zip

29 33493

30 Country

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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 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 #

4/29/99 877 277

CR2E037 (11/98)