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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham .

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT #
1. Corporation Name

N96000004134 (0)

THE FRIENDS OF LINCOLN FOUNDATION, INC.

Principal Place of Business

Mailing Address

FILED

97 MAY 20 AM 10: 17

SECRETARY OF STATE TALLAHASSEE, FLORIDA



| LINCOLIN NIEGHBORHOOD SERVICE CENTER<br>438 WEST BREVARD STREET<br>TALLAHASSEE FL 32301 |  | LINCOLN NIEGHBORHOOD SERVICE CENTER<br>438 WEST BREVARD STREET<br>TALLAHASSEE FL 32301-1004 |                               |  |   |                          |              |
|---|--|---|-------------------------------|--|---|--------------------------|--------------|
|   |  |   |                               | 3. Date Incorporated or Qualified 08/07/1996 | 3a. Date of Last Repo                                   | e of Last Report         |              |
| 2. Principal P  | lace of Business   | 2a. Mailing Address   |                               |  | 4. FEI Number   | Applie                   | ed For       |
| 21 Lincoln Neigh. Serv. Ctr. 26 438 W. Breva  |  |   | ard St                        | reet   | 31-1484179  | <del></del>              | pplicable    |
| Suite, Apt. #, etc. Suite, Apt. #, etc.   |  |   |                               |  | 6. Certificate of Status Desired S8.75 Additional       |                          |              |
| 22 N/A  |  | 27 N/A  | I/A                           |  | e. Cermicate of Status Desired                          | Fee Requi                | ired         |
| City & State 23Talls  | hassee, FL   | City & State  28 Tallahasses  | FL.                           |  | Election Campaign Financing     Trust Fund Contribution | \$5.00 Ma                |              |
| Ζφ<br>24 3230   |  | Zip<br>29 32301   | Count<br>30 LW                | on.  |   | Yes 🔀 No                 | 19.032,      |
| <del></del>   | 9. Name and Address of Current   | Registered Agent  |                               |  | 10. Name and Address of New Reg                         | latered Agent            |              |
|   |  |   | 6                             | 1 Name                                       |   | *                        |              |
| LEWIS, THOMAS H<br>208 W. CAROLINA STREET   |  |   |                               | 2 Street Add                                 | fress (P.O. Box Number is Not Acceptable                | Θ)                       |              |
| TALLAHASSEE FL 32301  |  |   | 8                             | 3  |   | n en                     | Y.J          |
|   |  |   | 8                             | 4 City                                       |   | FL 85 Zip Coo            | de           |
| 11. Pursuant  | to the provisions of Sections 617.0502   | and 617.1508, Florida Statu   | tes, the abo                  | ve-named cor                                 | poration submits this statement for the pr              | roose of changing its re | egistered    |
| agent. La   | egistered agent, or both, in the State o<br>im familia with and accept the obligat | r Florida. Such change was<br>ope of, Section 617,0503, Fl                                  | authorized i<br>orida Statuti | by the corpora<br>es.                        | ation's board of directors. I hereby accep              | t the appointment as reg | jistered     |
| SIGNATURE   | Jan XX   | own.  |                               |  | 4/30/9  |                          |              |
|   | Signature, typed or printed name of registered agent                               |   | TE: Registered A              | gent signature requ                          | lired when remetating)                                  | DATE                     |              |
| 12.   | OFFICERS AND   |   | 13.                           | <del></del>                                  | ADDITIONS/CHANGES TO OFFIC                              |                          |              |
| TITLE   |  | ☐ DELETÉ  | 1.1 TITLE                     | •  | 90000021  | 88429-                   | Andition     |
| NAME  | Thomas H. Lewis , President  |   | 1.2 NAM                       |  |   | 701096004                |              |
| STREET ADORESS  | 208 W. Carolina Street   |   |                               | ET ADDRESS                                   | *****51   | .25 *****61.             | , 25         |
| CITY-ST-ZIP<br>TITLE  | Tallahassee. F1 323  | O1 DELETE   | 1.4 CITY -<br>2.1 TITLE       |  |   | Change                   | f. et dition |
| NAME  | William Rush, Vice-  |   | 2.7 TITLE                     |  |   | ☐ Change                 | Addition     |
| STREET ADORESS I  | 200 11 014 0   |   | 2.3 STREET ADDRESS            |  |   |                          |              |
| CITY-ST-ZIP   | Tallahassee, FL 323  |   |                               |  |   |                          |              |
| TITLE   |  | ☐ DELETE  | 2. 4 CITY<br>3.1 TITLE        | <del></del>                                  |   | Change                   | Addition     |
| NAME  | Cedric Foster D  | Land to want 16   | 3.2 NAME                      | ŀ  |   | En ouening C             | - Modernia   |
| STREET ADORESS  | 438 W. Brevard Stre  | et  |                               | ET ADORESS                                   |   |                          |              |
| CITY-ST-ZIP   | Tallahassee, FL 323  |   | 3.4. CITY                     |  |   |                          |              |
| TITLE   |  | ☐ DELETE  | 4.1 TITLE                     | <del></del>                                  |   | ☐ Change                 | Addition     |
| NAME  | Janie B. Reddings,   | Secretary   | 4. 2 NAM                      | ε  |   | · • -                    |              |
| STREFT ADDRESS  | 438 W. Brevard Stre  |   |                               | ET ADDRESS                                   |   |                          |              |
| CITY-SF-ZIP   | Tallahassee, FL 323  |   | 4.4 CITY                      | - 1  |   |                          |              |
| TITLE   | <del>-</del>   | ☐ DELETE  | 5.1 TITLE                     |  |   | Change                   | Addition     |
| NAME  | Dorothy Boule, Trea  |   | 5.2 NAME                      | :  |   | •                        |              |
| STREET ADDRESS  | 746 N. Macomb Stree  |   | 5.3 STREE                     | ET ADDRESS                                   |   |                          |              |
| CHY-ST-ZIP  | Tallahassee, FL 323  |   | 5.4 CITY                      | ST-ZIP                                       |   |                          |              |
| TITLE   |  | ☐ DELETE  | 6.1 TITLE                     |  |   | Change                   | Addition     |
| NAME  |  |   | 6.2 NAME                      |  |   |                          |              |
| STREET ADDRESS  |  |   | 6.3 STREE                     | ET ADDRESS                                   |   | 0005-00-                 | 1            |
| CHTY-ST-ZIP   |  |   | 6.4 CITY                      | ST-7IP                                       | <i>N</i>  | אוארבי אוארבי אואר       | <i>U</i> 1   |

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 porporation 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 8 if changed or on an attachment with an address.

SIGNATURE: V

Thomas Halledis

4/30/97

904/891-6500