## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000004134 (0) DOCUMENT #

THE FRIENDS OF LINCOLN FOUNDATION, INC.

## **FILED** Jun 02 1998 8:00am Secretary of State

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Principal Place of Business Mailing Address						
LINCOLN NIEGHBORHOOD SERVICE CENTER 438 WEST BREVARD STREET TALLAHASSEE FL \$2301		LINCOLN NIEGHBORHOOD SERVICE CENTER 438 WEST BREVARD STREET TALLAHASSEE FL 32301		3. Date Incorporated or Qualified 08/07/1996		
INCOLL	16 92001	INCOMINGUE IL OLOGI			4. FEI Number	Applied For
					31-1484179	X Not Applicable
2. Principal Place of Business 21		2a. Mailing Address 26			5. Certificate of Status Desired	\$8.75 Additional Fee Required
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			6. Election Campaign Financing	\$5.00 May Be
22		27			Trust Fund Contribution	Added to Fees '
City & State		City & State		7. Is this nonprofit corporation a homeowners association?		
23		Zip Country		Po I	8. This corporation owes or has paid the current year Intangible	
Žip	Country	<b>├</b> ─ ` }	_	'y		urrent year Intangible
24	25 Alama and Address of Curren		30		Personal Property Tax due June 30.  10. Name and Address of New Registered	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  81. Name						
I EMIG .	THUMAG H					
LEWIS, THOMAS H 208 W. CAROLINA STREET			6	2 Street	Address (P.O. Box Number is Not Acceptable)	
	ASSEE FL 32301		8	3	6000025456	20
IALLAN	MOSEE PL 32301		Ľ		-06/03/98019230	)3E
			8	'	***61.25 <b>FI</b>	85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute:	s, the about	ve-named	corporation submits this statement for the purpose poration's board of directors. I hereby accept the ap	of changing its registered
agent. I a	m <b>fa</b> miliar with, and accept the obliga	ations of, Section 617.0503, Flor	ida Statut	es.	portation a board of directors. Thoroby accept the ap	pominioni do regiono da
SIGNATURE .						
	Signature, typed or printed name of registered age			gent signature	Prequired when reinstating) DATE	D DIDECTODE IN 10
12.	OFFICERS ANI	DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
TITLE	LEWIS, THOMAS H	ES DELETE	1.1 TITLE		President	Change Addition
NAME	208 W. CAROLINA STREET		1.2 NAM		Kenneth Barber	
STREET ADDRESS	TALLAHASSEE FL 32301			ET ADDRESS	438 W. Brevard Street	
CITY-ST-ZIP TITLE	VPD	<b>K</b> DELETE	1.4 CITY 2.1 TITLE		Tallahassee, FL 32301	Change Addition
	RUSH, WILLIAM	E pttrit	2.1 MILE		Vice President	X Change Housing
NAME	208 W. CAROLINA STREET				Emma Hill	
STREET ADDRESS	TALLAHASSEE FL 32301			ET ADDRESS	804 Bahama Drive	
CITY-ST-ZIP TITLE	D D	<b>▼</b> DELETE	2. 4 CITY 3.1 TITLE		Tallahassee, FL 32311	K Change Addition
	FOSTER, CEDRIC	EE DECERC	3.2 NAM		William Rush	Z onlingo T received
NAME DIDEET ADDRESS	438 W. BREVARD STREET			ET ADDRESS	208 W. Carolina Street	
STREET ADDRESS	TALLAHASSEE FL 32301				Tallahassee, FL 32301	
CITY-ST-ZIP	SD SD	K DELETE	3.4. CITY 4.1 TITLE		Tallanasaee, FL 32301	Change Addition
TITLE	REDDINGS, JANIE B	Deterie	4. 2 NAN		Janie B. Reddings	C received
NAME OXERET LODGEGG	438 W. BREVARD STREET			et adoress	438 W. Brevard Street	
STREET ADDRESS	TALLAHASSEE FL 32301				Tallahassee, Fl. 32301	
CITY-ST-ZIP	ID	DELETE	4.4 CITY 5.1 TITLE		T	Change Addition
TITLE	BOUIE, DOROTHY		5.2 NAM		Treasurer	
NAME - DEDECT ADDRESS	746 W. MACOMB STREET				Dorothy Boule	
STREET ADDRESS	TALLAHASSEE FL 32301			ET ADDRESS	746 W. Macomb Street	
CITY-ST-ZIP	INLLATINGUEE I L 02001	☐ DELETE	5.4 CITY 6.1 TITLE		Tallahassee, FL 32301	Change Addition
TITLE		FT NETELE			Secretary	oriungo and nounton
NAME			6.2 NAM		Angeline Pye-Gilliam	1094
STREET ADDRESS				ET ADDRESS	8728 Flicker Road Tallahassee, FL 32310-8924	~ N)
CITY-ST-ZIP			6.4 CITY	- S1 - ZIP	18118088888. FL 32310-8924	• • • • • • • • • • • • • • • • • • • •

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 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 4m 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 from an attachment with an address.

C-14-69 970-5126