

**2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)**

5927

**FILED**  
**Mar 28, 2007 08:00 AM**  
**Secretary of State**

**DOCUMENT # 704158**  
 1. Entity Name  
 LINCOLN PARK CHILD CARE CENTER, INC.



Principal Place of Business: 1400 AVENUE "M" FT. PIERCE FL 34950 US  
 Mailing Address: 2601 AVENUE "I" FORT PIERCE FL 34947 US

1st MOORE CR2E037 (10/06)

2. Principal Place of Business - No P.O. Box #  
 3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip Country

4. FEI Number: 59-1276624  
 Applied For: Not Applicable

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

**6. Name and Address of Current Registered Agent**

**7. Name and Address of New Registered Agent**

FENN, HAVERT  
 2601 AVENUE "I"  
 FORT PIERCE FL 34947-5978

Name:  
 Street Address (P.O. Box Number is Not Acceptable):  
 City: FL Zip Code:

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW: FEE IS \$61.25**  
**Due By May 1, 2007**

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

**Make Check Payable to Florida Department of State**

**10. OFFICERS AND DIRECTORS**

**11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10**

TITLE	PD	<input type="checkbox"/> Delete
NAME	BENNETT, LEROY JR	
STREET ADDRESS	2101 VALENCIA AVENUE	
CITY- ST- ZIP	FORT PIERCE FL 34946	
TITLE	SD	<input type="checkbox"/> Delete
NAME	FENN, HAVERT L.	
STREET ADDRESS	2601 AVENUE "I"	
CITY- ST- ZIP	FORT PIERCE FL 34947	
TITLE	VD	<input type="checkbox"/> Delete
NAME	SCOTT, DONALD	
STREET ADDRESS	1511 NORTH 25TH STREET	
CITY- ST- ZIP	FORT PIERCE FL 34947	
TITLE	TD	<input type="checkbox"/> Delete
NAME	GAINES, SAMUEL	
STREET ADDRESS	1505 AVENUE Q	
CITY- ST- ZIP	FORT PIERCE FL 34950	
TITLE	D	<input type="checkbox"/> Delete
NAME	FLOWERS, RALPH L	
STREET ADDRESS	1561 SE COPLY STREET	
CITY- ST- ZIP	PORT SAINT LUCIE FL 34983	
TITLE	D	<input type="checkbox"/> Delete
NAME	MATTHEWS, CHARLIE F	
STREET ADDRESS	PO BOX 3103	
CITY- ST- ZIP	FORT PIERCE FL 34948	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS	000000681714	
CITY- ST- ZIP	04/04/07-80055-022 61.25	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Havert L. Fenn HAVERT L. FENN Date: 3-24-2007 Daytime Phone #: (772) 461-7336