

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704158

FILED
May 05, 2011
Secretary of State

Entity Name: LINCOLN PARK CHILD CARE CENTER, INC.

Current Principal Place of Business:

1400 AVENUE M
FT. PIERCE, FL 34950 US

New Principal Place of Business:

Current Mailing Address:

2601 AVENUE I
FORT PIERCE, FL 34947 US

New Mailing Address:

FEI Number: 59-1276624

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FENN, HAVERT
2601 AVENUE I
FORT PIERCE, FL 349475978 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

OFFICERS AND DIRECTORS:

Title: PD
Name: BENNETT, LEROY JR
Address: 2101 VALENCIA AVENUE
City-St-Zip: FORT PIERCE, FL 34946

Title: SD
Name: FENN, HAVERT
Address: 2601 AVENUE I
City-St-Zip: FORT PIERCE, FL 34947

Title: TD
Name: SCOTT, DONALD
Address: 1511 NORTH 25TH STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: VD
Name: GAINES, SAMUEL
Address: 1505 AVENUE Q
City-St-Zip: FORT PIERCE, FL 34950

Title: PAD
Name: FLOWERS, RALPH L
Address: 1561 SE COPLY STREET
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D
Name: MATTHEWS, CHARLIE F
Address: PO BOX 2593
City-St-Zip: FORT PIERCE, FL 34954

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

SIGNATURE: HAVERT L. FENN

SECR

05/05/2011

Electronic Signature of Signing Officer or Director

Date