

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED
Apr 15, 2009
Secretary of State**

DOCUMENT# N96000005857

Entity Name: LINCOLN HIGH SCHOOL ALUMNI ASSOCIATION, INCORPORATED

Current Principal Place of Business:

6423 NW 42ND LANE
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 5915
GAINESVILLE, FL 32627

New Mailing Address:

FEI Number: 59-3415026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WHITE, ALBERT E CHAIR
6423 N.W. 42ND LANE
GAINESVILLE, FL 32606 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: CD () Delete
Name: WHITE, ALBERT E
Address: 6423 NW 42ND LANE
City-St-Zip: GAINESVILLE, FL 32606

Title: VCD () Delete
Name: STOVER, OTIS
Address: 1606 SE 28TH PLACE
City-St-Zip: GAINESVILLE, FL 32641

Title: SD () Delete
Name: PETERSON, LILLIAN
Address: 1226 NE 16TH PLACE
City-St-Zip: GAINESVILLE, FL 32609

Title: TD () Delete
Name: WILLIAMS, EARL M
Address: 308 NW 53RD TERR
City-St-Zip: GAINESVILLE, FL 32607

Title: D () Delete
Name: TERRY, JERALINE
Address: 818 NE 26TH TERR
City-St-Zip: GAINESVILLE, FL 32641

Title: D () Delete
Name: BUTLER, LINDA
Address: 4112 NW 20TH TERRACE
City-St-Zip: GAINESVILLE, FL 32605

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: ALBERT E. WHITE

CD

04/15/2009

Electronic Signature of Signing Officer or Director

Date