

2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000002449

Entity Name: FRIENDS OF LINCOLNVILLE, INC.**Current Principal Place of Business:**102 M L KING AVENUE
ST. AUGUSTINE, FL 32084**Current Mailing Address:**13 CHRISTOPHER STREET
ST. AUGUSTINE, FL 32084**FEI Number:** 03-0487824**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**MASON, OTIS
13 CHRISTOPHER ST.
ST. AUGUSTINE, FL 32084 US*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**Officer/Director Detail :**

Title	PD
Name	MASON, OTIS
Address	13 CHRISTOPHER STREET
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	VD
Name	WHITE, HENRY
Address	848 WHITE EAGLE CIRCLE
City-State-Zip:	SAINT AUGUSTINE FL 32086

Title	DT
Name	STROMAN, DAVID
Address	882 W 3RD STREET
City-State-Zip:	ST. AUGUSTINE FL 32084

Title	SD
Name	MASON, MYRTIS
Address	13 CHRISTOPHER ST
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	D
Name	MCDADE, DEBBIE
Address	114 BRAVO ST
City-State-Zip:	SAINT AUGUSTINE FL 32084

Title	SD
Name	STROMAN, MARY
Address	882 W 3RD STREET
City-State-Zip:	SAINT AUGUSTINE FL 32084

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: OTIS MASON

PD

02/18/2013

Electronic Signature of Signing Officer/Director Detail_____
Date