

2018 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:**102 M L KING AVENUE
ST. AUGUSTINE, FL 32084 US**FEI Number:** 03-0487824**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PHILLIPS, FLOYD
259 PINTORESCO DR
ST. AUGUSTINE, FL 32095 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:** FLOYD PHILLIPS

02/16/2018

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

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

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

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

Title DIRECTOR
Name WHITE, VIOLA
Address 848 WHITE EAGLE CIR
City-State-Zip: ST. AUGUSTINE FL 32086

Title PRESIDENT, DIRECTOR
Name PHILLIPS, FLOYD
Address 259 PINTORESCO DR
City-State-Zip: ST. AUGUSTINE FL 32095

Title SECRETARY, DIRECTOR
Name PHILLIPS, REGINA G
Address 259 PINTORESCO DR
City-State-Zip: ST. AUGUSTINE FL 32095

Title DIRECTOR
Name ISRAEL, DOROTHY
Address 850 A1A BEACH BLVD
#82
City-State-Zip: ST. AUGUSTINE FL 32080

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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: FLOYD PHILLIPS

PRESIDENT

02/16/2018

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title	VP, DIRECTOR
Name	PERRY, BEN
Address	432 MARIBELLA COURT
City-State-Zip:	ST. AUGUSTINE FL 32086