

**2022 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:** Yes**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

04/22/2022

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

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

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

Title DIRECTOR  
Name PARKS, SANDRA A  
Address 159 MARINE STREET  
#303  
City-State-Zip: ST. AUGUSTINE FL 32084

Title DIRECTOR  
Name SERAPHIN, JUDITH  
Address 255 HOLLAND DRIVE  
City-State-Zip: ST. AUGUSTINE FL 32095

**Continues on page 2**

*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

04/22/2022

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title                DIRECTOR  
Name               MOSER , CHRIS   ESQ.  
Address            9 CARRERA STREET  
City-State-Zip:   ST. AUGUSTINE   FL   32084

Title                DIRECTOR  
Name               MCCLAIN, KENNETH  
Address            PO BOX 912  
City-State-Zip:   HASTINGS   FL   32145

Title                DIRECTOR  
Name               DARDEN , LOREN  
Address            787 WILD CYPRESS CIRCLE  
City-State-Zip:   PONTE VEDRA   FL   32081

Title                DIRECTOR  
Name               BAILEY, RONALD  
Address            361 USSERY RD  
City-State-Zip:   CLARKSVILLE   TN   37043