

2024 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

03/12/2024

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

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

Title DIRECTOR, TREASURER
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

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

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

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

Title DIRECTOR
Name PRESTON, CYNTHIA
Address 5 RIVERTOWN ROAD
City-State-Zip: PALM COAST FL 32164

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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

03/12/2024

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title MS.
Name VICKI , PEPPER
Address 31215 HARBOUR CIRCLE STREET
City-State-Zip: ST. AUGUSTINE FL 32040

Title DIRECTOR, SECRETARY
Name SWANN, JEAN
Address 1205 EASTWOOD COURT
City-State-Zip: ST. AUGUSTINE FL 32086

Title DIRECTOR
Name BEASLEY, JAMES PHD
Address 156 SAPELO PLACE
City-State-Zip: ST. JOHNS FL 32259

Title DIRECTOR
Name MONTEIRO-TRIBBLE, VELMA
Address 4119 PALOMA POINT COURT
City-State-Zip: JACKSONVILLE FL 32217

Title DIRECTOR
Name MORAIS, MELINDA
Address 67 WELLSHIRE LANE
City-State-Zip: PALM COAST FL 32164

Title DIRECTOR
Name BRISCOE, KEVIN M.
Address 276 MANOR LANE
City-State-Zip: ST. JOHNS FL 32259