

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**

**Mar 31, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # 704158**

1. Entity Name

LINCOLN PARK CHILD CARE CENTER, INC.



Principal Place of Business

Mailing Address

1400 AVENUE "M"  
FT. PIERCE FL 34950  
US

2601 AVENUE "I"  
FORT PIERCE FL 34947  
US



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1276624

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

1st MOORE

CR2E037 (10/07)

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FENN, HAVERT L.  
2601 AVENUE "I"  
FORT PIERCE FL 34947-5978

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**  
**Due By: May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**Make Check Payable to**  
**Florida Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete  
NAME BENNETT, LEROY JR  
STREET ADDRESS 2101 VALENCIA AVENUE  
CITY-ST-ZIP FORT PIERCE FL 34946

TITLE ☐ Change ☐ Addition  
NAME **U000000876242**  
STREET ADDRESS **04/11/08-80066-019 61.25**  
CITY-ST-ZIP

TITLE SD ☐ Delete  
NAME FENN, HAVERT L.  
STREET ADDRESS 2601 AVENUE "I"  
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Delete  
NAME SCOTT, DONALD  
STREET ADDRESS 1511 NORTH 25TH STREET  
CITY-ST-ZIP FORT PIERCE FL 34947

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE TD ☐ Delete  
NAME GAINES, SAMUEL  
STREET ADDRESS 1505 AVENUE O  
CITY-ST-ZIP FORT PIERCE FL 34950

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME FLOWERS, RALPH L  
STREET ADDRESS 1561 SE COPLY STREET  
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE D ☐ Delete  
NAME MATTHEWS, CHARLIE F  
STREET ADDRESS PO BOX 3103  
CITY-ST-ZIP FORT PIERCE FL 34948

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** *Havert L. Fenn* Havert L. Fenn 3/26/08 (772)461-7336