

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 704158

FILED  
Mar 30, 2009  
Secretary of State

**Entity Name:** LINCOLN PARK CHILD CARE CENTER, INC.

**Current Principal Place of Business:**

1400 AVENUE "M"  
FT. PIERCE, FL 34950 US

**New Principal Place of Business:**

1400 AVENUE  
FT. PIERCE, FL 34950 US

**Current Mailing Address:**

2601 AVENUE "I"  
FORT PIERCE, FL 34947 US

**New Mailing Address:**

2601 AVENUE I  
FORT PIERCE, FL 34947 US

**FEI Number:** 59-1276624

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

FENN, HAVERT  
2601 AVENUE "I"  
FORT PIERCE, FL 349475978 US

**Name and Address of New Registered Agent:**

FENN, HAVERT  
2601 AVENUE I  
FORT PIERCE, FL 349475978 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:

03/30/2009

Electronic Signature of Registered Agent

Date

**OFFICERS AND DIRECTORS:**

Title: PD ( ) Delete  
Name: BENNETT, LEROY JR  
Address: 2101 VALENCIA AVENUE  
City-St-Zip: FORT PIERCE, FL 34946

Title: SD ( ) Delete  
Name: FENN, HAVERT  
Address: 2601 AVENUE  
City-St-Zip: FORT PIERCE, FL 34947

Title: VD ( ) Delete  
Name: SCOTT, DONALD  
Address: 1511 NORTH 25TH STREET  
City-St-Zip: FORT PIERCE, FL 34947

Title: TD ( ) Delete  
Name: GAINES, SAMUEL  
Address: 1505 AVENUE Q  
City-St-Zip: FORT PIERCE, FL 34950

Title: D ( ) Delete  
Name: FLOWERS, RALPH L  
Address: 1561 SE COPLY STREET  
City-St-Zip: PORT SAINT LUCIE, FL 34983

Title: D ( ) Delete  
Name: MATTHEWS, CHARLIE F  
Address: PO BOX 3103  
City-St-Zip: FORT PIERCE, FL 34948

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: FENN, HAVERT  
Address: 2601 AVENUE I  
City-St-Zip: FORT PIERCE, FL 34947

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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 an address, with all other like empowered.

SIGNATURE: HAVERT L FENN

SD

03/30/2009

Electronic Signature of Signing Officer or Director

Date