

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**May 04, 2006 8:00 am**  
**Secretary of State**

05-04-2006 90223 025 \*\*\*\*61.25

**DOCUMENT # 733716**

1. Entity Name.

**LINCOLN PARK RECREATION CENTER, INCORPORATED  
OF FORT PIERCE-SAINT LUCIE COUNTY**



Principal Place of Business

Mailing Address

**COMMUNITY CENTER  
1306 AVNEUE "M"  
FORT PIERCE FL 34950**

**2601 AVENUE "I"  
FORT PIERCE FL 34947-5978**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

1st MOORE

CR2E037 (10/05)

4. FEI Number

**65-0285006**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
Fee Required**

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, 2006**

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 GAINES, SAMUEL S  
STREET ADDRESS 1505 AVE Q  
CITY-ST-ZIP FORT PIERCE FL 34950

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

TITLE TD ☐ Delete  
NAME BENNETT, LEROY, JR.  
STREET ADDRESS 2101 VALENCIA AVE.  
CITY-ST-ZIP FT. PIERCE FL

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

TITLE SD ☐ Delete  
NAME FENN, HAVERT  
STREET ADDRESS 2601 AVE. "I"  
CITY-ST-ZIP FT. PIERCE FL

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

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

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

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

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

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 4/24/06 (772) 461-7336