

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

FILED
May 14, 2008 8:00 am
Secretary of State

05-14-2008 90009 047 ****61.25

DOCUMENT # 733716

1. Entity Name

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



Principal Place of Business

COMMUNITY CENTER
1306 AVNEUE "M"
FORT PIERCE FL 34950

Mailing Address

2601 AVENUE "I"
FORT PIERCE FL 34947-5978



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

1st MOORE

CR2E037 (10/07)

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

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

7. Name and Address of New Registered Agent

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 true 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

TITLE PD ☐ Delete
NAME GAINES, SAMUEL S
STREET ADDRESS 1505 AVE Q
CITY-ST-ZIP FORT PIERCE FL 34950

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

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

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

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

TITLE D ☐ Delete
NAME FLOWERS, RALPH L
STREET ADDRESS 1581 SE COPLY STREET
CITY-ST-ZIP PORT SAINT LUCIE FL 34983

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

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

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

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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* 4-24-08 (772) 461-7336