

2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 733716

FILED
May 05, 2011
Secretary of State

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

Current Principal Place of Business:

COMMUNITY CENTER
1306 AVENUE M
FORT PIERCE, FL 34950

New Principal Place of Business:

Current Mailing Address:

2601 AVENUE I
FORT PIERCE, FL 349475978

New Mailing Address:

FEI Number: 65-0285006

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD
Name: GAINES, SAMUEL S
Address: 1505 AVE Q
City-St-Zip: FORT PIERCE, FL 34950

Title: VD
Name: BENNETT, LEROY J
Address: 2101 VALENCIA AVE.
City-St-Zip: FT. PIERCE, FL

Title: SD
Name: FENN, HAVERT L
Address: 2601 AVE I
City-St-Zip: FT. PIERCE, FL

Title: TD
Name: SCOTT, DONALD
Address: 1511 N 25TH STREET
City-St-Zip: FORT PIERCE, FL 34947

Title: D
Name: FRANK MATTHEWS, CHARLIE
Address: PO BOX 3593
City-St-Zip: FORT PIERCE, FL 34954

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

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: HAVERT L. FENN

SECR

05/05/2011

Electronic Signature of Signing Officer or Director

Date