

2006 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT

FILED
Apr 03, 2006 8:00 am
Secretary of State

04-03-2006 90396 027 ****70.00

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1. Entity Name
LINCOLN PARK BUSINESS ASSOCIATION, INC.



Principal Place of Business
**1220 AVE. D
FORT PIERCE, FL 34950**

Mailing Address
**P.O. BOX 13027
FORT PIERCE, FL 34979**

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2. Principal Place of Business
1220 Ave. D
Suite, Apt. #, etc.

3. Mailing Address
P.O. Box 3224
Suite, Apt. #, etc.

03302006 Chg-NP CR2E037 (11/05)

City & State
Fort Pierce, Fla
Zip
34950 Country
US

City & State
Fort Pierce, FL
Zip
34948 Country
US

4. FEI Number
65-1086262 Applied For
Not Applicable

5. Certificate of Status Desired ☒ **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MCCRORY, STEVEN
1555 14TH AVENUE #218
VERO BEACH, FL 32960**

7. Name and Address of New Registered Agent

Name
Elise Ann Rollins
Street Address (P.O. Box Number is Not Acceptable)
2903 Dunbar Street
City
Fort Pierce FL Zip Code
34947

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 **Elise Ann Rollins, President**
Signature, typed or printed name of registered agent and title if applicable.

3-30-2006
Date

(NOTE: Registered Agent signature required when re-registering)

Filing 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

TITLE	P	☐ Delete
NAME	MCROEY, STEVEN	
STREET ADDRESS	POST OFFICE BOX 13027	
CITY-ST-ZIP	FT. PIERCE, FL 34947	
TITLE	DVP	☐ Delete
NAME	GEORGE, JOHN	
STREET ADDRESS	1220 AVENUE D, P.O. BOX 13027	
CITY-ST-ZIP	FORT PIERCE, FL 34979	
TITLE	DT	☐ Delete
NAME	ELLIS, REGGAN	
STREET ADDRESS	1220 AVE D	
CITY-ST-ZIP	FORT PIERCE, FL 34950	
TITLE	DS	☐ Delete
NAME	MCLEAN, ICEYN	
STREET ADDRESS	961 FULTON WAY	
CITY-ST-ZIP	SEBASTAIN, FL 32958	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	DP	☒ Change ☐ Addition
NAME	Elise Ann Rollins	
STREET ADDRESS	2903 Dunbar Street	
CITY-ST-ZIP	Fort Pierce, Florida	
TITLE	DVP#1	☒ Change ☐ Addition
NAME	Philip Gates	
STREET ADDRESS	P.O. Box 3224	
CITY-ST-ZIP	Fort Pierce, FL 34948	
TITLE	DVP#2	☒ Change ☐ Addition
NAME	Greg Nomier	
STREET ADDRESS	P.O. Box 3224	
CITY-ST-ZIP	Fort Pierce, FLA	
TITLE	DS	☒ Change ☐ Addition
NAME	Please Hall	
STREET ADDRESS	P.O. Box 3224	
CITY-ST-ZIP	Fort Pierce, FLA 34948	
TITLE	DT	☒ Change ☐ Addition
NAME	Jonis Swoope-Jefferson	
STREET ADDRESS	P.O. Box 3224	
CITY-ST-ZIP	Fort Pierce, FLA 34948	
TITLE	DN	☒ Change ☐ Addition
NAME	Reggan Ellis	
STREET ADDRESS	P.O. Box 3224	
CITY-ST-ZIP	Fort Pierce, FLA 34948	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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: **Elise Ann Rollins**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-30-2006 **772-475-9500**
Date Daytime Phone #