

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003068

FILED
Apr 29, 2008
Secretary of State

Entity Name: LINCOLN PARK BUSINESS ASSOCIATION, INC.

Current Principal Place of Business:

1220 AVE . D
FORT PIERCE, FL 34950

New Principal Place of Business:

1323 AVENUE D
FORT PIERCE, FL 34950

Current Mailing Address:

PO BOX 3224
FORT PIERCE, FL 34948

New Mailing Address:

FEI Number: 65-1086262 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

ROLLINS, ELISE A
2903 DUNBAR ST
FORT PIERCE, FL 34947 US

Name and Address of New Registered Agent:

ROLLINS, ELISE A
1323 AVENUE D
FORT PIERCE, FL 34950 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: _____

Electronic Signature of Registered Agent

04/29/2008

Date

OFFICERS AND DIRECTORS:

Title: DP () Delete
Name: LUNDY, JAY
Address: P.O. BOX 3224
City-St-Zip: FORT PIERCE, FL 34947 US

Title: DVP1 () Delete
Name: GATES, PHILIP
Address: PO BOX 3224
City-St-Zip: FORT PIERCE, FL 34948

Title: DVP2 () Delete
Name: ROLLINS, ELISE
Address: PO BOX 3224
City-St-Zip: FORT PIERCE, FL 34947

Title: DS () Delete
Name: HALL, ARLEASE
Address: PO BOX 3224
City-St-Zip: FORT PIERCE, FL 34948

Title: DT (X) Delete
Name: ELLIS, REGGAN
Address: PO BOX 3224
City-St-Zip: FORT PIERCE, FL 34948

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PRES (X) Change () Addition
Name: ROLLINS, ELISE A
Address: P.O. BOX 3224
City-St-Zip: FORT PIERCE, FL 34947 US

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

Title: DT (X) Change () Addition
Name: REGGAN, ELLIS
Address: PO BOX 3224
City-St-Zip: FORT PIERCE, FL 34947

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: ARLEASE HALL

Electronic Signature of Signing Officer or Director

DS

04/29/2008

Date