

# 2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N01000003068

FILED  
Apr 29, 2009  
Secretary of State

Entity Name: LINCOLN PARK BUSINESS ASSOCIATION, INC.

**Current Principal Place of Business:**

1323 AVENUE D  
FORT PIERCE, FL 34950

**New Principal Place of Business:**

**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  
1323 AVENUE D  
FORT PIERCE, FL 34950 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: PRES ( ) Delete  
Name: ROLLINS, ELISE A  
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: DT ( ) Delete  
Name: REGGAN, ELLIS  
Address: PO BOX 3224  
City-St-Zip: FORT PIERCE, FL 34947

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

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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

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

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: ELISE A ROLLINS

P

04/29/2009

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date