

2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N05000000141

FILED
Jul 25, 2007
Secretary of State

Entity Name: LINCOLN HEIGHTS NEIGHBORHOOD IMPROVEMENT ASSOCIATION, INC.

Current Principal Place of Business:

1140 NW 58TH ST.
MIAMI, FL 33127

New Principal Place of Business:

Current Mailing Address:

1140 NW 58TH ST.
MIAMI, FL 33127

New Mailing Address:

FEI Number: 22-3929223 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

AUSTIN, ALISON
1140 NW 58TH ST
MIAMI, FL 33127 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

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: AUSTIN, ALISON
Address: 1140 NW 58TH ST.
City-St-Zip: MIAMI, FL 33127

Title: VD () Delete
Name: PAGE, TERRI
Address: 6032 NW 8TH AVE.
City-St-Zip: MIAMI, FL 33127

Title: SD () Delete
Name: BLACKMON, THERESA
Address: 1160 NW 58TH ST.
City-St-Zip: MIAMI, FL 33127

Title: TD () Delete
Name: LAWRENCE, CLARICE
Address: 5600 NW 9TH AVE.
City-St-Zip: MIAMI, FL 33127

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: ALISON AUSTIN

PD

07/25/2007

Electronic Signature of Signing Officer or Director

Date