2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N06000011842

FILED Apr 29, 2009 Secretary of State

Entity Name: LINCOLN PARK MAINSTREET, INC.						
Current Pri	ncipal Place o	of Business:	New Princ	New Principal Place of Business:		
1323 AVEN FT PIERCE						
Current Mailing Address:			New Mailii	New Mailing Address:		
P.O. BOX 3 FT PIERCE						
FEI Number: 20-5912630 FEI Number Applied For () FEI		FEI Number Not Appli	cable ()	Certificate of Status Desired (X)		
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
ROLLINS, ELISE A 2903 DUNBAR STREET FT PIERCE, FL 34947 US			1323 AVÉN	ROLLINS, ELISE A 1323 AVENUE D FT PIERCE, FL 34950 US		
The above r		bmits this statement for the pu	rpose of changing it	s registered of	fice or registered agent, or both,	
SIGNATUR	E: ELISE A RO	DLLINS		04/29/2009		
	Electronic	Signature of Registered Agen	t		Date	
OFFICERS AND DIRECTORS:			ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	P () C FENN, HAVERT 2601 AVENUE P FT PIERCE, FL 3	elete 84947	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	VP () C SMITH, JOSEPH 2300 VIRGINIA A' FT PIERCE, FL		Title: Name: Address: City-St-Zip:	VP (X) DZADOVSKY, C 2300 VIRGINIA FT PIERCE, FL	AVENUE	
Title: Name: Address: City-St-Zip:	S () C CLARK, BENNIE 1812 AVENUE M FT PIERCE, FL	elete 84950	Title: Name: Address: City-St-Zip:	()	Change () Addition	
Title: Name: Address: City-St-Zip:	T () D JOHNSON, GLOF 308 N 31ST ST FT PIERCE, FL 3		Title: Name: Address: City-St-Zip:	T (X) LUNDY, JAY 8676 CLEARLAI FT PIERCE, FL		

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: HAVERT L FENN P 04/29/2009