

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N07000006263

FILED
Aug 03, 2009
Secretary of State

Entity Name: LINCOLN MEMORIAL ACROPOLIS, INC.

Current Principal Place of Business:

3001 NORTHWEST 46TH STREET
MIAMI, FL 33142

New Principal Place of Business:

Current Mailing Address:

3001 NORTHWEST 46TH STREET
MIAMI, FL 33142

New Mailing Address:

FEI Number: 26-0457072 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
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:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

JOHNSON, ELYN D
3001 NW 46TH STREET
MIAMI, FL 33142 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: ELYN D. JOHNSON

08/03/2009

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: D () Delete
Name: JOHNSON, ELYN
Address: 3001 NORTHWEST 46TH STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: HUMES, JUANITA
Address: 3001 NORTHWEST 46TH STREET
City-St-Zip: MIAMI, FL 33142

Title: D () Delete
Name: AUSTON SMITH, SHEILA A
Address: 3001 NORTHWEST 46TH STREET
City-St-Zip: MIAMI, FL 33142

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

Title: D (X) Change () Addition
Name: AUSTIN, SHEILA A
Address: 1149 NE 210 TERRACE
City-St-Zip: MIAMI, FL 33179

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: ELYN D. JOHNSON

PRES

08/03/2009

Electronic Signature of Signing Officer or Director

Date