

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Feb 27, 1999 8:00 am
Secretary of State

02-27-1999 90061 044 ****61.25

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1. Corporation Name

LINCOLN NJROTC BOOSTERS INC.

Principal Place of Business

**3838 TROJAN TRAIL
TALLAHASSEE FL 32311**

Mailing Address

**PO BOX 12901
TALLAHASSEE FL 32317**



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

10/15/1996

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number

59-3407865

Applied For

Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

28 Zip Country

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

24 25

29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FOWINKLE, CHARLES T
4068 MCLAUGHLIN
TALLAHASSEE FL 32308**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **D** ☒ DELETE

NAME **DULA, CHERYL**
STREET ADDRESS **3015 WHIRLAWAY DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **VPD** ☐ DELETE

NAME **GRANT, ROSCOW**
STREET ADDRESS **1729 BEVEDERE ST**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **SD** ☐ DELETE

NAME **SPENCER, CHERYL**
STREET ADDRESS **3257 LORD MURPHY TR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **TD** ☐ DELETE

NAME **BOYLE, WILLIAM JR**
STREET ADDRESS **2306 LIMERICK DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

TITLE **D** ☒ DELETE

NAME **ASHLEY, RICHARD**
STREET ADDRESS **3429 MAHONEY DR**
CITY-ST-ZIP **TALLAHASSEE FL**

TITLE **PD** ☒ DELETE

NAME **TANZY, PETE**
STREET ADDRESS **3616 LONDERRY DR**
CITY-ST-ZIP **TALLAHASSEE FL 32308**

1.1 TITLE

DIRECTOR

☐ Change ☒ Addition

1.2 NAME

TERESA HOWELL

1.3 STREET ADDRESS

3009 SHAMROCK SOUTH

1.4 CITY-ST-ZIP

TALLAHASSEE FL 32308

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

PROSIDENT - DIRECTOR

JIM PAFFORD

2002 BUSHY HALL ROAD

TALLAHASSEE FL 32308

☐ Change ☒ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my 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 in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

WILLIAM E. BOYLE JR
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-30-99

(850)

8936308

CR2E037 (1/98)