

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N96000005279

1. Entity 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

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

FOWINKLE, CHARLES T  
4068 MCLAUGHLIN  
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing  
Trust Fund Contribution. ☐

\$5.00 May Be  
Added to Fees

Make Check Payable to  
Department of State

10. OFFICERS AND DIRECTORS

TITLE PD  
NAME HORTON, NORMAN H  
STREET ADDRESS 7740 DEEPWOOD TRAIL  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE VPD  
NAME ADAMS, NANCY  
STREET ADDRESS 3581 PICKETT CT  
CITY-ST-ZIP TALLAHASSEE FL 32311 ☐ Delete

TITLE SD  
NAME SPENCER, CHERYL  
STREET ADDRESS 3257 LORD MURPHY TR  
CITY-ST-ZIP TALLAHASSEE FL 32308 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD  
NAME Judy Tehan  
STREET ADDRESS 2024 Plantation Forest Dr.  
CITY-ST-ZIP Tallahassee, FL 32311 ☒ Change ☐ Addition

TITLE VPD  
NAME Pam Schilling  
STREET ADDRESS 28222 Sapphire Ct.  
CITY-ST-ZIP Tallahassee, FL 32308 ☒ Change ☐ Addition

TITLE Treasurer  
NAME Lisa Stewart  
STREET ADDRESS 6017 Redfield Cir.  
CITY-ST-ZIP Tallahassee, FL 32317 ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Lisa Stewart REQUIRED Lisa Stewart 4/10/02 878-5143

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/01)



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-3407865

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional  
Fee Required