

2004 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

DOCUMENT# N96000005279

FILED
Oct 26, 2004
Secretary of State**Entity Name:** LINCOLN NJROTC BOOSTERS INC.**Current Principal Place of Business:**3838 TROJAN TRAIL
TALLAHASSEE, FL 32311**New Principal Place of Business:****Current Mailing Address:**PO BOX 12901
TALLAHASSEE, FL 32317**New Mailing Address:****FEI Number:** 59-3407865 **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:**FOWINKLE, CHARLES T
4068 MCLAUGHLIN
TALLAHASSEE, FL 32308 US**Name and Address of New Registered Agent:**

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: SCHILLING, PAM
Address: 28222 SAPPINE CT.
City-St-Zip: TALLAHASSEE, FL 32311**Title:** TD () Delete
Name: CLINE, CYNDIE
Address: 2309 KILKENNY WEST STREET
City-St-Zip: TALLAHASSEE, FL 32308**Title:** VPD () Delete
Name: BURNS, PATTI
Address: 1243 BRECKENRIDGE RUN
City-St-Zip: TALLAHASSEE, FL 32311**Title:** () Delete
Name:
Address:
City-St-Zip:**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:****Title:** () Change () Addition
Name:
Address:
City-St-Zip:**Title:** TD (X) Change () Addition
Name: KIPKER, ROBERT
Address: 2333 BRAEBURN CIRCLE
City-St-Zip: TALLAHASSEE, FL 32309**Title:** VPD (X) Change () Addition
Name: LAZENBY, PATRICIA
Address: 4402 SAFARI RUN
City-St-Zip: TALLAHASSEE, FL 32309**Title:** VTD () Change (X) Addition
Name: BARNES, CATHY
Address: 4420 ARGYLE LANE
City-St-Zip: TALLAHASSEE, FL 32309

I hereby certify that the information supplied with this filing does not qualify for the 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 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: ROBERT KIPKER

TD

10/26/2004

Electronic Signature of Signing Officer or Director

Date