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Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N97000003106 (8)**

1. Corporation Name

LINCOLN PARK CONCERNED CITIZENS ASSOCIATION, INC

Principal Place of Business

Mailing Address

**2002 AVE. O
FORT PIERCE FL 34950**

**2002 AVE. O
FORT PIERCE FL 34950**

3. Date Incorporated or Qualified

05/27/1997

4. FEI Number

65-0766250

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 Country

25 Country

29 Country

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SMITH, LINDA
2002 AVE. O
FORT PIERCE FL 34950**

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

TITLE **DP** ☐ DELETE

NAME **DURDEN, CLARENCE**
STREET ADDRESS **1905 AVE. O**
CITY-ST-ZIP **FT. PIERCE FL 34950**

TITLE **DV** ☐ DELETE

NAME **DEVEAUX, JOYCE**
STREET ADDRESS **2000 AVE. O**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **DS** ☐ DELETE

NAME **SMITH, LINDA**
STREET ADDRESS **2002 AVE. O**
CITY-ST-ZIP **FORT PIERCE FL 34950**

TITLE **DT** ☒ DELETE

NAME **HODGE, FRANKIE**
STREET ADDRESS **1909 AVE. O**
CITY-ST-ZIP **FT. PIERCE FL 34950**

TITLE **D** ☒ DELETE

NAME **MIDDLETON, CLEON**
STREET ADDRESS **1603 N. 14TH ST. FT. PIERCE**
CITY-ST-ZIP **FT. PIERCE FL 34950**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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.

SIGNATURE **Linda Smith**

561-461-5559

CR2E037 (10/97)