2021 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N20000006622

Entity Name: LINCOLN PARK SOUTH LAKE ALLIANCE CORPORATION

FILED Feb 11, 2021 Secretary of State 9981530550CC

Current Principal Place of Business:

644 WEST OSCEOLA ST. CLERMONT. FLORIDA 34711

Current Mailing Address:

644 WEST OSCEOLA ST.

CLERMONT, FLORIDA 34711 UN

FEI Number: 85-1541928 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KEYS, SHARON D 644 WEST OSCEOLA ST. CLERMONT, FL 34711 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:

Electronic Signature of Registered Agent

Date

Officer/Director Detail:

Title	BOARD MEMBER	Title	BOARD MEMBER
Name	HOISINGTON, PAULA J	Name	PETERKIN, SONYA ATTY

Address 564 E DESOTA ST Address 835 7TH STREET, SUITE 7
City-State-Zip: CLERMONT 34711 City-State-Zip: CLERMONT FL 34711

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TitleBODTitleBOARD MEMBERNameWALKER, CHRISNameSMITH, WILLARD

Address 304 IRVING BEND DR., Address 2909 CRESTLINE DRIVE
City-State-Zip: GROVELAND FL 34736 City-State-Zip: GRAPEVINE TX 76051

Title BOD Title TREASURER

NameWOOLRIDGE, MARY DR.NameTIMMONS, BRITTANYAddressP.O. BOX 1034Address830 GOLDEN ELM DR.City-State-Zip:APOPKA FL 32704City-State-Zip:APOPKA FL 32703

Title SECRETARY Title VP

Name HERRERA, SHANNON Name MURRY, TIM

Address 644 WEST OSCEOLA ST. Address 644 WEST OSCEOLA ST.

City-State-Zip: CLERMONT FLORIDA 34711 City-State-Zip: CLERMONT FLORIDA 34711

Continues on page 2

I hereby 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 all other like empowered.

SIGNATURE: BRITTANY TIMMONS TREASURER 02/11/2021

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued:

Title PRESIDENT Title BOARD MEMBER

NameKEYS, SHARONNameTHOMPSON, DEMETRUSAddress644 WEST OSCEOLA ST.Address644 WEST OSCEOLA ST.

City-State-Zip: CLERMONT FLORIDA 34711 City-State-Zip: CLERMONT FLORIDA 34711