

2022 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63850

Entity Name: LINCOLN COMMERCIAL PROPERTIES, INC.**Current Principal Place of Business:**LINCOLN COMMERCIAL
5275 SOUTH ATLANTIC AV SUITE1205
NEW SMYRNA BEACH , FL 32169**Current Mailing Address:**LINCOLN COMMERCIAL
P.O. BOX 290727
PORT ORANGE, FL 32129 US**FEI Number:** 59-2805831**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**JOHNSON, LYDER
LINCOLN COMMERCIAL
5275 SOUTH ATLANTIC AV SUITE1205
NEW SMYRNA BEACH , FL 32169 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	PT
Name	JOHNSON, LYDER
Address	LINCOLN COMMERCIAL P.O. BOX 290727
City-State-Zip:	PORT ORANGE FL 32129

Title	VS
Name	JOHNSON, SIMONE S.
Address	LINCOLN COMMERCIAL P.O. BOX 290727
City-State-Zip:	PORT ORANGE FL 32129

Title	AS
Name	JOHNSON, SIMONE S
Address	LINCOLN COMMERCIAL P.O. BOX 290727
City-State-Zip:	PORT ORANGE FL 32129

Title	VP
Name	JOHNSON, SIMONE S
Address	LINCOLN COMMERCIAL P.O. BOX 290727
City-State-Zip:	PORT ORANGE FL 32129

Title	OFFICER
Name	RINALDI, CEARRA R
Address	LINCOLN COMMERCIAL P.O. BOX 290727
City-State-Zip:	PORT ORANGE FL 32129

Title	OFFICER
Name	JOHNSON, LINCOLN R
Address	LINCOLN COMMERCIAL P.O. BOX 290727
City-State-Zip:	PORT ORANGE FL 32129

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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: SIMONE S. JOHNSON

VP

03/03/2022

Electronic Signature of Signing Officer/Director Detail

Date