## 2020 FLORIDA PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# J63850

Entity Name: LINCOLN COMMERCIAL PROPERTIES, INC.

FILED
Jan 16, 2020
Secretary of State
5488531559CC

## **Current Principal Place of Business:**

LINCOLN COMMERCIAL 5275 SOUTH ATLANTIC AV SUITE 1205 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 SUITE 1205 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 Title VS

NameJOHNSON, LYDERNameJOHNSON, SIMONE S.AddressLINCOLN COMMERCIALAddressLINCOLN COMMERCIAL

P.O. BOX 290727 P.O. BOX 290727

City-State-Zip: PORT ORANGE FL 32129 City-State-Zip: PORT ORANGE FL 32129

Title AS Title VP

Name JOHNSON, SIMONE S Name JOHNSON, SIMONE S

Address LINCOLN COMMERCIAL Address LINCOLN COMMERCIAL

P.O. BOX 290727 P.O. BOX 290727

City-State-Zip: PORT ORANGE FL 32129 City-State-Zip: PORT ORANGE FL 32129

Title OFFICER Title OFFICER

Name RINALDI, CEARRA R Name JOHNSON, LINCOLN R

Address LINCOLN COMMERCIAL Address LINCOLN COMMERCIAL

P.O. BOX 290727 P.O. BOX 290727

City-State-Zip: PORT ORANGE FL 32129 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.