

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# 706660

FILED  
Mar 31, 2005  
Secretary of State

**Entity Name:** FIRST BAPTIST CHURCH OF LINCOLN GARDENS, INC.

**Current Principal Place of Business:**

4025 W. PALMETTO ST.  
TAMPA, FL 33607 US

**New Principal Place of Business:**

**Current Mailing Address:**

P.O BOX 4897  
TAMPA, FL 336774897 US

**New Mailing Address:**

**FEI Number:** 59-3345511

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDERSON, GAIL A  
8414 DEL REY CT  
APT 342  
TAMPA, FL 33617 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: VT ( ) Delete  
Name: WATKINS, MARSHALL  
Address: 2402 E CASSELL STREET  
City-St-Zip: TAMPA, FL 33605

Title: ST ( ) Delete  
Name: ANDERSON, GAIL A  
Address: 8414 DEL REY COURT APT 342  
City-St-Zip: TAMPA, FL 33617

Title: TT ( ) Delete  
Name: JOHNSON, SHIRLEY  
Address: 2109 STATE ST  
City-St-Zip: TAMPA, FL 33606

Title: T ( ) Delete  
Name: BLAIR, JOHN  
Address: 2002 N GRADY AVENUE  
City-St-Zip: TAMPA, FL 33607

Title: PT ( ) Delete  
Name: ROBINSON, LOIS  
Address: 7807 W. PARISH PLACE  
City-St-Zip: TAMPA, FL 33619

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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: ANNIE H MCKENZIE

C

03/31/2005

Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date