

# **2011 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# 706660

**FILED**  
**Jan 24, 2011**  
**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:**

ROBINSON, ANGELIA D CLERK  
19115 CLIMBING ASTER DR  
TAMPA, FL 3364 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: V  
Name: CRAWFORD, CASSIUS  
Address: 6329 GONDOLA DRIVE  
City-St-Zip: TAMPA, FL 33605

Title: T  
Name: ANDERSON, GAIL A  
Address: 7807 DANA MICHELLE PLACE  
City-St-Zip: TAMPA, FL 33610

Title: S  
Name: ROBINSON, LOIS  
Address: 7807 PARISH PLACE  
City-St-Zip: TAMPA, FL 33619

Title: P  
Name: STEVENS, JAMES  
Address: 3405 EAST JEAN ST  
City-St-Zip: TAMPA, FL 33610

Title: T  
Name: WILLIAMS, CURTIS  
Address: 3414 NORTH CORD STREET  
City-St-Zip: TAMPA, FL 33605

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: ANGELIA D. ROBINSON

CLER

01/24/2011

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date