2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 16, 2005 08:00 AM
Secretary of State

DOCUMENT # 712748

1. Entity Name
FIRST MISSIONARY BAPTIST CHURCH OF LINCOLN CITY, INC.

Principal Place of Business	Mailing Address
9845 SOUTHWEST 213TH STREET MIAMI, FL 33189	9845 SOUTHWEST 213TH STREET MIAMI, FL 33189

DO NOT WRITE IN THIS SPACE

03112005 No Chg-NP CR2E037 (10/03)

4. FEI Number
59-2748955
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

WARREN, OTIS
2530 N.W. 111TH STREET
MIAMI, FL 33167

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: OTIS WARREN 3/13/05
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $61.25
Due by May 1, 2005

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	P
NAME	WILLIAMS, ALBERTA
STREET ADDRESS	1500 N.W. 152 TERRACE
CITY-ST-ZIP	MIAMI, FL 33162
TITLE	VP
NAME	WARREN, OTIS
STREET ADDRESS	2530 WEST 111 STREET
CITY-ST-ZIP	MIAMI, FL 33167
TITLE	T
NAME	HOWARD, THOMAS
STREET ADDRESS	9850 S.W. 213 STREET
CITY-ST-ZIP	MIAMI, FL 33189
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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03/16/05-80064-018 61.25

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12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: THOMAS Howard 03-13-05 305-259-0070
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #