

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 24, 2008 08:00 AM
Secretary of State



DOCUMENT # 712748
 1. Entity Name
FIRST MISSIONARY BAPTIST CHURCH OF LINCOLN CITY, INC.

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

Mailing Address
9845 SOUTHWEST 213TH STREET MIAMI, FL 33189



01162008 No Chg-NP CR2E037 (4/06)

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4. FEI Number 59-2748955	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$81.25 Due by May 1, 2008

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

10. OFFICERS AND DIRECTORS

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

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12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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: *OTIS WARREN*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #