

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 04, 2005 8:00 am**  
**Secretary of State**

04-04-2005 90086 013 \*\*\*150.00

**DOCUMENT # F00000002481**

1. Entity Name  
**LINCOLN REALTY CAPITAL CORPORATION**



Principal Place of Business  
**1300 SOUTH CLINTON STREET  
FORT WAYNE, IN 46802**

Mailing Address  
**1300 SOUTH CLINTON STREET  
MAIL CODE 3C-08  
FORT WAYNE, IN 46802**

**50033238**



2. Principal Place of Business

3. Mailing Address

01132005 Chg-P CR2E034 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**35-2085947**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301-2525**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE PD ☐ Delete  
NAME BRODY, STEVEN R  
STREET ADDRESS 1421 SEVAN LAKE COURT  
CITY-ST-ZIP FORT WAYNE, IN 46825

TITLE V ☐ Delete  
NAME JENSEN, LEIF D  
STREET ADDRESS 2619 BARRY KNOLL WAY  
CITY-ST-ZIP FORT WAYNE, IN 46845

TITLE V ☒ Delete  
NAME MONTGOMERY, MARYBETH  
STREET ADDRESS 3911 VIDA DR.  
CITY-ST-ZIP FORT WAYNE, IN 46815

TITLE 2VPT ☐ Delete  
NAME SUMMERS, ELTON J  
STREET ADDRESS 3127 COUNTRYPARK LANE  
CITY-ST-ZIP FORT WAYNE, IN 46815

TITLE VD ☒ Delete  
NAME STEPHENSON, TODD R  
STREET ADDRESS 11104 CREEKWOOD CT.  
CITY-ST-ZIP FORT WAYNE, IN 46814

TITLE S ☒ Delete  
NAME BYRER, JOYCE L.  
STREET ADDRESS 8214 TEWKSBURY COURT  
CITY-ST-ZIP FORT WAYNE, IN 46835

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE V ☐ Change ☒ Addition  
NAME John J. Gerber  
STREET ADDRESS 1023 Oak Branch Court  
CITY-ST-ZIP Fort Wayne IN 46845

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE VD ☐ Change ☒ Addition  
NAME Peter Witkewiz  
STREET ADDRESS 2429 Ladue Cove  
CITY-ST-ZIP Fort Wayne IN 46804

TITLE S ☐ Change ☒ Addition  
NAME Marilyn K. Ondecker  
STREET ADDRESS 1012 Abbey Place Blvd.  
CITY-ST-ZIP Fort Wayne IN 46804

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 607, 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:

*Steven R. Brody*

Steven R. Brody

3/23/05

260-455-5390

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #