2006 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT. # NQ4000011765

1. Entity Name

THE LINCOLN ROOM FOUNDATION, INC.



Principal Place of Business

Mailing Address

THE LINCOLN NEIGHBORHOOD SERVICE CENTER **438 WEST BREVARD STREET** TALLAHASSEE, FL 32301

1902 TY TY CT

TALLAHASSEE, FL 32308

APPRUY. AND FILE

06 APR 27 PH L: 97

SECRETARY OF STATE TALLAHASSEE, FLORIO



04082006 No Chg-NP

CR2E037 (11/05)

4. FEI Number 20-2019711 Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

RUSH, W. MACK 1902 TY TY COURT TALLAHASSEE, FL 32308

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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_ | Signature, typed or printed name of registered agent and title | il confection BIOTE Desirtand | Agost signatura | required when reinstating) | DATE |
| | Signature, typed or printed reame or registered agent and une | Happincapie. (NOTC: Pregistered | Agent signature | required when remousing) | VAIC |
| | Filing Fee is \$61.25 Due by May 1, 2006 | Election Campaign Financ Trust Fund Contribution. | cing | \$5.00 May Be Added to Fees | |
| 10. | OFFICERS AND DIRECTORS | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P RUSH, W. MACK 1902 TY TY COURT TALLAHASSEE, FL 32308 | | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP JAMES, THEODORE 5432 APPLEDORE LANE TALLAHASSEE, FL 32308 | | | 60 05/04/ | 0073989636 0601020012 **61.25 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S SMALLWOOD, WILLIE P 3130 N. SHANNON LAKES DRIVE TALLAHASSEE, FL | | | DO | NOT WRITE |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | IN THIS SPACE | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | | | |
| TITLE NAME STREET ADDRESS | | | | | |

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:

CITY-ST-ZIP