

2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # N04000011765 1. Entity Name THE LINCOLN ROOM FOUNDATION, INC.						FILED 08 FEB -4 PM 1:47 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business THE LINCOLN NEIGHBORHOOD SERVICE CENTER 438 WEST BREVARD STREET TALLAHASSEE, FL 32301				Mailing Address 1902 TY TY CT TALLAHASSEE, FL 32308			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEI Number 20-2019711				Applied For <input type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/>				\$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent RUSH, W. MACK 1902 TY TY COURT TALLAHASSEE, FL 32308				7. Name and Address of New Registered Agent 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>							
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P RUSH, W. MACK 1902 TY TY COURT TALLAHASSEE, FL 32308			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		
VP JAMES, THEODORE 5432 APPLIEDORE LANE TALLAHASSEE, FL 32308				900118356 02/19/08--01052--019 **\$1.25			
S SMALLWOOD, WILLIE P 3130 N CHANNON LAKES DRIVE TALLAHASSEE, FL				SECRETARY DARREL GILLIAM 613 DUNN ST. TALLAHASSEE, FL 32304			
_____ _____ _____				_____ _____ _____			
_____ _____ _____				_____ _____ _____			
_____ _____ _____				_____ _____ _____			
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: _____				2-9-08 850-877-6599			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date Daytime Phone #			