

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000639

**FILED**  
**Jan 25, 2016**  
**Secretary of State**  
**CC1192374879**

**Entity Name:** LINCOLN CENTER FOUNDATION, INC.

**Current Principal Place of Business:**

438 WEST BREVARD STREET  
TALLAHASSEE, FL 32303

**Current Mailing Address:**

438 WEST BREVARD STREET  
TALLAHASSEE, FL 32303

**FEI Number: 32-0230230**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

LUCAS, GWEN  
438 WEST BREVARD STREET  
TALLAHASSEE, FL 32303 US

*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.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title P  
Name POWELL, ERROL H  
Address 2013 AMBOISE COURT  
City-State-Zip: TALLAHASSEE FL 32308

Title VP  
Name GAINOUS, FRED  
Address P.O. BOX 665  
City-State-Zip: MIDWAY FL 32343

Title T  
Name DENNIS, AL  
Address 2271 GREENWICH WAY  
City-State-Zip: TALLAHASSEE FL 32308

Title S  
Name MECURIO, MARIA  
Address 1804 MEDART DR  
City-State-Zip: TALLAHASSEE FL 32303

Title M  
Name CUMMINGS, CAROLYN ESQ  
Address 462 WEST BREVARD ST  
City-State-Zip: TALLAHASSEE FL 32305

Title M  
Name HAWKINS, FAY  
Address 1014 SILVER RIDGE DR  
City-State-Zip: TALLAHASSEE FL 32305

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: ERROL POWELL**

**PRESIDENT**

**01/25/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date