

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000000639

**FILED**  
**Jan 14, 2024**  
**Secretary of State**  
**0175795740CC**

**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:** GWEN LUCAS

01/14/2024

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 OFFICER  
Name PECK, LEROY  
Address 3276 DARTMOUTH DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

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

Title OFFICER  
Name LITTLE, MARIAN S/  
Address 1007 OAK RIDGE ROAD, WEST  
City-State-Zip: TALLAHASSEE FL 32305

Title OFFICER  
Name PECK, LEROY  
Address 3276 DARTMOUTH DRIVE  
City-State-Zip: TALLAHASSEE FL 32317

Title OFFICER  
Name STEVE, SLADE  
Address 4991 BRANDED OAKS COURT  
City-State-Zip: TALLAHASSEE FL 32311

**Continues on page 2**

*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**

01/14/2024

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title OFFICER  
Name ARTEMUS, SHEPHERD  
Address 8736 CELIA ROAD  
City-State-Zip: TALLAHASSEE FL 32305

Title OFFICER  
Name O'BRYANT, PATRICK  
Address 131 WEST 4TH AVENUE  
City-State-Zip: TALLAHASSEE FL 32303