2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000000639

FILED Feb 05, 2009 Secretary of State

Entity Name: LINCOLN CENTER FOUNDATION, INC.

Current Principal Place of Business:			New Principal Place	New Principal Place of Business:	
	FBREVARD S SSEE, FL 323				
Current M	lailing Addre	ss:	New Mailing Addres	s:	
	FBREVARD S SSEE, FL 323				
FEI Number:	: 32-0230230	FEI Number Applied For ()	FEI Number Not Applicable ()	Certificate of Status Desired (X)	
Name and	Address of	Current Registered Agent:	Name and Address	of New Registered Agent:	
TALLAHAS The above	FBREVARD S SSEE, FL 323 named entity	03 US	ourpose of changing its registere	ed office or registered agent, or both,	
	e of Florida. D⊏:				
SIGNATUI		nic Signature of Registered Age	ent	 Date	
OFFICERS AND DIRECTORS:				ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
Title: Name: Address: City-St-Zip:	P (HENRY, GEOF 1318 IDAHO S TALLAHASSER	Т	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	VP (GAINOUS, FRI 631 CHANCEY TALLAHASSER	'LANE	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	T (DENNIS, AL 2271 GREENV TALLAHASSE		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	S (MECURIO, MA 1804 MEDART TALLAHASSER	DR	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	,		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	M (HAWKINS, FA' 1014 SILVER TALLAHASSEI	RIDGE DR	Title: Name: Address: City-St-Zip:	() Change () Addition	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 an address, with all other like empowered.

SIGNATURE: GEORGIA HENRY PRES 02/05/2009