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CORPORATION ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

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DIVISION OF CORPORATIONS
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DOCUMENT # N24293 (5)

1. Corporation Name

LINCOLNVILLE FESTIVAL COMMITTEE OF ST. AUGUSTINE , INCORPORATED

| Principal Place of Business | Mailing Address |
|---|---|
| PO BOX 904-32085<br>88 RIBERIA ST. #150<br>ST. AUGUSTINE FL 32084 | PO BOX 904-32085<br>88 RIBERIA ST. #150<br>ST. AUGUSTINE FL 32084 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/11/1988
3a. Date of Last Report: 05/10/1994
4. FEI Number: 59-2884699 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. *Nonprofit with IRS 501(c)(3)* Tax Exempt Status ☐ **$68.75** *Supplemental* Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 | 26 |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 |
| City & State 23 | City & State 28 |
| Zip 24 / Country 25 | Zip 29 / Country 30 |

9. Name and Address of Current Registered Agent

LAWS, LORENZO
88 RIBERIA STREET, SUITE 150
ST. AUGUSTINE FL 32084

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | CD | 1.1 TITLE | ☐ Change ☐ Addition |
| NAME | LAWS, LORENZO | 1.2 NAME | |
| STREET ADDRESS | 3818 ARROWHEAD DRIVE | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 | 1.4 CITY-ST-ZIP | |
| TITLE | D | 2.1 TITLE | ☐ Change ☐ Addition |
| NAME | LUCAS, SYLVESTER | 2.2 NAME | |
| STREET ADDRESS | 731 CAMILIA TR. | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32086 | 2.4 CITY-ST-ZIP | |
| TITLE | D | 3.1 TITLE | Katherine Twine ☒ Change ☐ Addition |
| NAME | ~~TWINE, HENRY L.~~ DECEASED | 3.2 NAME | |
| STREET ADDRESS | ~~163 TWINE STREET~~ | 3.3 STREET ADDRESS | 163 Twine St. |
| CITY-ST-ZIP | ~~ST. AUGUSTINE FL 32084~~ | 3.4 CITY-ST-ZIP | St. Augustine, FLA. 32084 |
| TITLE | D | 4.1 TITLE | ☐ Change ☐ Addition |
| NAME | WHITE, RICHARD | 4.2 NAME | |
| STREET ADDRESS | 77 SAN MARCO AVENUE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32084 | 4.4 CITY-ST-ZIP | |
| TITLE | D | 5.1 TITLE | ☐ Change ☐ Addition |
| NAME | BAILEY, MARILYN | 5.2 NAME | |
| STREET ADDRESS | 11 BRIDGE ST. | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | ST. AUGUSTINE FL 32084 | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | ☐ Change ☐ Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:** Lorenzo Laws LORENZO LAWS 3/17/95 (904) 829-8379
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0000277