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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N24293 (5)
1. Corporation Name
LINCOLNVILLE FESTIVAL COMMITTEE OF ST. AUGUSTINE, INCORPORATED



Principal Place of Business PO BOX 904-32085 88 RIBERIA ST. #150 ST. AUGUSTINE FL 32084	Mailing Address PO BOX 904-32085 88 RIBERIA ST. #150 ST. AUGUSTINE FL 32084-4304
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3. Date Incorporated or Qualified 01/11/1988	3a. Date of Last Report 03/11/1996
4. FEI Number 59-2884699	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Lorenzo Laws DATE 4/22/97
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	CD <input type="checkbox"/> DELETE
NAME	LAWS, LORENZO
STREET ADDRESS	3818 ARROWHEAD DRIVE
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	D <input type="checkbox"/> DELETE
NAME	LUCAS, SYLVESTER
STREET ADDRESS	731 CAMILIA TR.
CITY-ST-ZIP	ST. AUGUSTINE FL 32086
TITLE	D <input type="checkbox"/> DELETE
NAME	TWINE, KATHERINE
STREET ADDRESS	163 TWINE STREET
CITY-ST-ZIP	ST. AUGUSTINE FL
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	WHITE, RICHARD
STREET ADDRESS	77 SAN MARCO AVENUE
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BAILEY, MARILYN
STREET ADDRESS	11 BRIDGE ST.
CITY-ST-ZIP	ST. AUGUSTINE FL 32084
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Gene Motley
1.3 STREET ADDRESS	18 S. Whitney Street
1.4 CITY-ST-ZIP	St. Augustine, FLA. 32095
2.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Gertaud L. LAWS
2.3 STREET ADDRESS	3818 Arrowhead Dr.
2.4 CITY-ST-ZIP	St. Augustine, FLA. 32086
3.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Rev. F.D. Richardson
3.3 STREET ADDRESS	84 St. Benedict St.
3.4 CITY-ST-ZIP	St. Augustine, FLA. 32084
4.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Errol Jones
4.3 STREET ADDRESS	60 PALMER Street
4.4 CITY-ST-ZIP	St. Augustine, FLA. 32095
5.1 TITLE	Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Joseph Logan SR.
5.3 STREET ADDRESS	89 South Street
5.4 CITY-ST-ZIP	St. Augustine, FLA. 32084
6.1 TITLE	Secretary/Director <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Debra Paterson
6.3 STREET ADDRESS	4174 Vermont Blvd
6.4 CITY-ST-ZIP	ELKTON, FLA. 32033 - 2211

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 DATE: 4/28/97 (904) 829-1979
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)