

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 23 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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
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3. Date Incorporated or Qualified 01/11/1988	
4. FEI Number 59-2884699	Applied For <input checked="" 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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 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 LAW, 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
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWINE, KATHERINE	3.2 NAME	
STREET ADDRESS	163 TWINE STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOTLEY, GENE	4.2 NAME	
STREET ADDRESS	18 S WHITNEY ST	4.3 STREET ADDRESS	
CITY - ST - ZIP	ST. AUGUSTINE FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAW, GERTRUDE L	5.2 NAME	
STREET ADDRESS	3818 ARROWHEAD DR	5.3 STREET ADDRESS	
CITY - ST - ZIP	ST AUGUSTINE FL	5.4 CITY - ST - ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATERSON, DEBRA	6.2 NAME	
STREET ADDRESS	4174 VERMONT BLVD	6.3 STREET ADDRESS	
CITY - ST - ZIP	ELKTON FL	6.4 CITY - ST - ZIP	

14. I 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 Law* *4/16/98* *904/247-0226*

CR2E037 (10/97)