

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90248 005 ****61.25

DOCUMENT # N24293

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



2. Principal Place of Business

21 2120 U.S. 1 South

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/11/1988

22 # 202

4. FEI Number

59-2884699

Applied For

Not Applicable

23 City & State

St. Augustine, FLA.

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

24 Zip 32086 25 Country St. Johns

28 Zip Country

6. Election Campaign Financing ☐

\$5.00 May Be
Added to Fees

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

4/11/99

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE CD ☐ DELETE

NAME LAWS, LORENZO
STREET ADDRESS 3818 ARROWHEAD DRIVE
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ DELETE

NAME LUCAS, SYLVESTER
STREET ADDRESS 731 CAMILIA TR.
CITY-ST-ZIP ST. AUGUSTINE FL 32086

TITLE D ☐ DELETE

NAME TWINE, KATHERINE
STREET ADDRESS 163 TWINE STREET
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE

NAME MOTLEY, GENE
STREET ADDRESS 18 S WHITNEY ST
CITY-ST-ZIP ST. AUGUSTINE FL

TITLE D ☐ DELETE

NAME LAWS, GERTRUDE L
STREET ADDRESS 3818 ARROWHEAD DR
CITY-ST-ZIP ST AUGUSTINE FL

TITLE SD ☐ DELETE

NAME PATERSON, DEBRA
STREET ADDRESS 4174 VERMONT BLVD
CITY-ST-ZIP ELKTON FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition

1.2 NAME Errol D. Jones
1.3 STREET ADDRESS 60 PALMER Street
1.4 CITY-ST-ZIP St. Augustine, FLA. 32095

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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, with all other like empowered.

SIGNATURE: Lorenzo Laws

4/15/99 (904) 797-8940

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0001447

CR2E037 (11/98)