

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N24293

FILED
Apr 28, 2004
Secretary of State**Entity Name:** LINCOLNVILLE FESTIVAL COMMITTEE OF ST. AUGUSTINE, INCORPORATED**Current Principal Place of Business:**2120 US 1 SOUTH
#202
ST. AUGUSTINE, FL 32086**New Principal Place of Business:****Current Mailing Address:**PO BOX 904-32085
ST. AUGUSTINE, FL 32084**New Mailing Address:****FEI Number:** 59-2884699**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**LAWS, LORENZO
3818 ARROWHEAD DR.
SAINT AUGUSTINE, FL 32086 US**Name and Address of New Registered Agent:**LAWS, LORENZO
3818 ARROWHEAD DR.
SAINT AUGUSTINE, FL 32086 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: LORENZO LAWS

04/28/2004

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: LAWS, LORENZO,
Address: 3818 ARROWHEAD DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D () Delete
Name: ROBERSON, WILBUR SR
Address: 17 ROLLINS AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D () Delete
Name: ROBERSON, WILBUR
Address: 17 ROLLINS AVE
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D () Delete
Name: LAWS, GERTRUDE L
Address: 3818 ARROWHEAD DR
City-St-Zip: ST AUGUSTINE, FL

Title: D () Delete
Name: BRYANT, MICHAEL
Address: 26 SANCHEZ AVE.
City-St-Zip: ST. AUGUSTINE, FL 32084

Title: D (X) Delete
Name: LUCAS, SYLVESTER
Address: 731 CAMELIA TR
City-St-Zip: ST. AUGUSTINE, FL 32086

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: PD (X) Change () Addition
Name: LAWS, LORENZO
Address: 3818 ARROWHEAD DRIVE
City-St-Zip: ST. AUGUSTINE, FL 32086

Title: D (X) Change () Addition
Name: ROBERSON, WILBUR
Address: 17 ROLLINS AVE.
City-St-Zip: SAINT AUGUSTINE, FL 32084

Title: D (X) Change () Addition
Name: FRAZIER, CARLOS
Address: 975 LEE ST.
City-St-Zip: ST. AUGUSTINE, FL

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LORENZO LAWS

PD

04/28/2004

Electronic Signature of Signing Officer or Director

Date