

DOCUMENT # N96000001690

1. Entity Name

LINCOLN CREW BOOSTERS, INC.

FILED
May 18, 2000 8:00 am
Secretary of State

05-18-2000 90330 024 ****61.25

Principal Place of Business

Mailing Address

3838 TROJAN TRAIL
TALLAHASSEE FL 32311
US8067 TENNYSON DRIVE
TALLAHASSEE FL 32308-9252
US

2. Principal Place of Business

3. Mailing Address

3437 Welwyn Way

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Tallahassee FL

Zip

Country

Zip 32308

Country USA

4. FEI Number

59-3369684

Applied For

Not Applicable

5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

CLARKE, RAOUL
8067 TENNYSON DRIVE
TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name JAMES MYLES HEAD

Street Address (P.O. Box Number is Not Acceptable)

3437 Welwyn Way

City Tallahassee

FL

Zip Code 32308

8. 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.259. Election Campaign Financing
Trust Fund Contribution. ☐\$5.00 May Be
Added to FeesMake Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD CLARKE, RAOUL 8067 TENNYSON DRIVE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD CURETON, VICKI 13015 MIDDLEFIELD RD. TALLAHASSEE FL	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PATTERSON, JERRI 6513 IRON LEIGE TRAIL TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD HAMLER, JUDY 5087 MINT HILL COURT TALLAHASSEE FL 32308	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D VARNER, CURT 4004 MCLAUGHLIE DRIVE TALLAHASSEE FL 32308	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SEXTON, DOUG 3492 HYDE PARK WAY TALLAHASSEE FL 32308	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE NAME STREET ADDRESS CITY-ST-ZIP	President JAMES MYLES HEAD 3437 WELWYN WAY Tallahassee FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Martha Chumler 4023 Roscrea Drive Tallahassee FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Terri Beck 1222 Smoke Rise Lane Tallahassee FL 32311	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Kim Christopher 2973 Giverny Cir. Tallahassee FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D Mondi Aspetia 809 Devon Dr. Tallahassee FL 32308	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President Sexton, Doug 3492 Hyde Parkway Tallahassee FL 32308	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-1-2000

Date

850-893-3749

Daytime Phone #

CR2E037 (9/99)