

2014 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N09000001683

Entity Name: MLK COMMEMORATIVE COMMITTEE INC**Current Principal Place of Business:**2294 PAWLEYS ISLAND PATH
THE VILLAGES, FL 32162-2313**Current Mailing Address:**2294 PAWLEYS ISLAND PATH
THE VILLAGES, FL 32162-2313 US**FEI Number:** 26-4328682**Certificate of Status Desired:** Yes**Name and Address of Current Registered Agent:**JONES, LEW DP
2294 PAWLEYS ISLAND PATH
THE VILLAGES, FL 32162-2313 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:**_____
Electronic Signature of Registered Agent_____
Date**Officer/Director Detail :**

Title	DP
Name	JONES, LEW
Address	2294 PAWLEYS ISLAND PATH
City-State-Zip:	THE VILLAGES FL 32162-2313

Title	DT
Name	RITTER-JONES, BARBARA A
Address	2294 PAWLEYS ISLAND PATH
City-State-Zip:	THE VILLAGES FL 32162-2313

Title	DS
Name	CURD, MARY
Address	2077 TALL TREES LANE
City-State-Zip:	THE VILLAGES FL 32162

Title	D
Name	HARRIS, ZACHARIAH PASTOR
Address	300 WEBSTER STREET
City-State-Zip:	WILDWOOD FL 34785

Title	D
Name	SQUIRE, WILLIAM REV.
Address	748 HAMMOND PLACE
City-State-Zip:	THE VILLAGES FL 32162

Title	DIRECTOR
Name	ZIEGLER, HELENE
Address	1415 VALPARAISO STREET
City-State-Zip:	THE VILLAGES FL 32162

Title	DIRECTOR
Name	JANSON, BOB
Address	2398 MAVERICK WAY
City-State-Zip:	THE VILLAGES FL 32162

I hereby 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 all other like empowered.

SIGNATURE: LEW JONES

DP

02/04/2014

Electronic Signature of Signing Officer/Director Detail_____
Date