

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N09000001683

**FILED**  
**Jan 24, 2016**  
**Secretary of State**  
**CC0259618450**

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

Title DIRECTOR  
Name KLAWITTER, KEN  
Address 1656 DURAN DRIVE  
City-State-Zip: LADY LAKE FL 32159

*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: LEWIS JONES**

**PRESIDENT**

**01/24/2016**

Electronic Signature of Signing Officer/Director Detail

Date