

**2023 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N15000010379

**Entity Name:** FRANKLIN COUNTY DR. M. L. KING JR. CELEBRATION  
ADVISORY BOARD, INC.

**FILED**  
**Apr 14, 2023**  
**Secretary of State**  
**7416329166CC**

**Current Principal Place of Business:**

214 AVENUE K  
APALACHICOLA, FL 32320

**Current Mailing Address:**

POST OFFICE BOX 105  
APALACHICOLA, FL 32329

**FEI Number: 47-5345376**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

DAVIS, ROBERT L  
214 AVENUE K  
APALACHICOLA, FL 32320 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: ROBERT L. DAVIS**

**04/14/2023**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CROOM, DOLORES H  
Address 233 - 12TH STREET  
City-State-Zip: APALACHICOLA FL 32320

Title VICE DIRECTOR  
Name DAVIS, ROBERT L  
Address 214 AVENUE K  
City-State-Zip: APALACHICOLA FL 32320

Title VICE DIRECTOR  
Name HAYWARD-KEY, WARRENETTA  
Address 214 - 17TH AVENUE  
City-State-Zip: APALACHICOLA FL 32320

Title VICE DIRECTOR  
Name WHITE-MARTIN, SHEILA  
Address 183 - 12TH STREET  
City-State-Zip: APALACHICOLA FL 32320

Title VICE DIRECTOR  
Name MOUNT-SIMMONS, ELINOR  
Address 297 - 23RD AVENUE  
City-State-Zip: APALACHICOLA FL 32320

*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: ROBERT L DAVIS**

**VICE DIRECTOR**

**04/14/2023**

Electronic Signature of Signing Officer/Director Detail

Date