2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT#715226

FILED Apr 21, 2009 Secretary of State

Entity Name: DR. MARTIN LUTHER KING, JR., COMMUNITY CENTER, INC.

Current Principal Place of Business: New Principal Place of Business:

P.O. BOX 171 1420 1ST. ST

LLOYD, FL 32337 MONTICELLO, FL 32344

Current Mailing Address: New Mailing Address:

P.O. BOX 171 LLOYD, FL 32337

FEI Number: 59-2054932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

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

NEELY, RUDOLPH ALLEN, JENNIFER A 1091 BARNES RD 850 KING ST.

MONTICELLO, FL 32344 US MONTICELLO, FL 32344 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: JENNIFER A. ALLEN 04/21/2009

Electronic Signature of Registered Agent Date

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Fitle: C () Delete Title: () Change () Addition

 Name:
 PARRISH, CHARLES
 Name:

 Address:
 P.O. BOX 171
 Address:

 City-St-Zip:
 LLOYD, FL 32337
 City-St-Zip:

 Title:
 VCD () Delete
 Title:
 VC (X) Change () Addition

 Name:
 HAWKINS, BILL
 Name:
 HAWKINS, BILL

 Address:
 P.O. BOX 14
 Address:
 P.O. BOX 14

 Address:
 P.O. BOX 14
 Address:
 P.O. BOX 14

 City-St-Zip:
 LLOYD, FL 32337
 City-St-Zip:
 LLOYD, FL 32337

Title: SD () Delete Title: SECT (X) Change () Addition Name: NEELY, RUDOLPH Name: ALLEN, JENNIFER A SECT, Y

 Address:
 1091 BARNES RD
 Address:
 850 KING ST.

 City-St-Zip:
 MONTICELLO, FL 32344
 City-St-Zip:
 MONTICELLO, FL 32344

Title: () Delete Title: TR () Change (X) Addition Name: PARRISH, GWENITH L TREASUR

 Name:
 Name:
 PARKISH, GWENT

 Address:
 Address:
 P.O. BOX 171

 City-St-Zip:
 City-St-Zip:
 LLOYD, FL 32337

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: CHARLES J. PARRISH CEO 04/21/2009